CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00054808		76			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Rafael M.			02/07/2024	
		NICKNAME	LAST		SUFFIX	1	
			Anchia			Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	X January 15	Runoff	Other (s	pecify)	1	
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>	Month Day	Year	<u> </u>	
3	COVERED	07/01/2023	THROUGH	12/31/2023	real	Date Imaged	
6	EXPLANATION OF C						
٠		ind contribution made Sept	ember 21 - 2023 was re	aceived on January 31	2024 AETER t	he semiannual reno	rt had heen filed
	Notification of an in-ki	ina continuation made Sept	ember 21, 2023 was re	ceived on January 31	., 2024 AFTER 1	ne semiannuai repo	it nau been lileu.
7	AFFIDAVIT						
	,			ear, or affirm, under pe	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
						er a a a	
			X	Semiannual reports was made in good fa			
				misrepresent the info			
			X	Other reports: I s report not later than t			
				that the report as original			
				swear, or affirm, that		nission in the report	as originally
				filed was made in go	iou iailii.		
				The F	lonorable Rafa	ael M. Anchia	
				Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Oigilata	ire or carranaate	or omocriolaci	
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	 .		
			,				
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th T	Γitle of officer admini	istering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00054808		2 Total pages filed 76	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONLY
OFFICEHOLDER NAME	The Honorable	Rafael M.			Date Received	
					ELECTRONICAL	LY FILED
	NIOVALANE			OLIEDY	02/07/2024	
	NICKNAME	LAST Anchia		SUFFIX	02/01/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	Oate Postmarked
MAILING	P.O. Box 4468				Receipt #	Amount
ADDRESS					кесеірі #	Amount
Change of Address	Dallas, TX 75208				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Rick				
	NICKNAME	LAST		SUFFIX		
		Garza				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	AP	T / SUITE #; CITY	; STAT	E; ZIP CODE
TREASURER ADDRESS	1314 Kings Hwy.					
(Residence or Business)						
(Dallas, TX 75208					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER	(817) 793-1026	JNE NOWBER E	EXTENSION			
PHONE	(017) 793-1020					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after camp	
					appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach	n C/OH-FR)
9 PERIOD	Month Day Yea			Month Day	Year	
COVERED	07/01/2023		IROUGH	Month Day 12/31/20		
	0170172020	•••		12/01/20/	20	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r \square_{P_1}	rimary	Runoff	Other	
	11/04/2024		eneral			
		XIG	enerai	Special		
11 055105	OFFICE HELD (%)			12 055105 0011011	T (if known)	
11 OFFICE	OFFICE HELD (if any) State Representative Di	istrict 103 Dallac		12 OFFICE SOUGH	tative District 103	
	State Representative Di	Strict 103 Dalias		State Represen	tative District 103	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 76

13 C / OH NAME	Anchia, Rafael M. (Th	14 Filer ID (Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made withood officeholders are required to report this information.	ut the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TI ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 10.56
	\$ 85,878.00			
EXPENDITURE TOTALS		\$ 3,403.52		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 90,609.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 124,894.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required to	
		The He	norable Rafael M. Anch	io
			of Candidate or Officehole	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me. by the s	aid	. this the	day
		ertify which, witness my hand and seal of office.	,	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					4 of 76
	LER NAN		19 Filer ID	(Eth	nics Commission Filers)
Ar	ıcnıa, ĸ	afael M. (The Honorable)	00054808		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	85,658.00
2.	Х	\$	220.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	54,427.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION		\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	36,182.95
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	\$			
12	🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 5/76	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 11/14/2023	5 Full name of contributor Acosta, Arcilia6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,401.75
_		Dallas, TX 75247	· I-		Ĺ		
8	Principal occu CEO	pation / Job title (See Instructions	9	Employer (See Instructions CARCON Industries	s) 		
	Date 11/14/2023	Full name of contributor Acosta, Arcilia Contributor address; City; St				Amount of Contribution (\$)	\$2,401.75
	Principal occu	Dallas, TX 75247	., I	Employer (See Instructions	<u></u>		
	CEO	pation / Job title (See Instructions	5)	CARCON Industries	5)		
	Date Full name of contributor x out-of-state PAC (ID#: C00406801) 12/19/2023 Avangrid PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,500.00		
		Washington, DC 20005					
	Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor Blackridge Contributor address; City; St Austin, TX 78701)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> S)		
	Date 11/14/2023	Full name of contributor Blackridge Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 6/76	
2	FILER NAME Anchia, Rafa	el M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 11/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$0.96
8	Principal occur	Berkeley, CA 94704 pation / Job title (See Instructions)	l _o	Employer (See Instructions	<u>''</u>		
•	not employed		9	not employed	·)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID Bylo Chacon, Jessica Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$0.96
		Berkeley, CA 94704			<u></u>		
	not employed	pation / Job title (See Instructions) d		Employer (See Instructions not employed			
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID Cain, Randy Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78763					
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID Cain, Randy Contributor address; City; State; Zip Code Austin, TX 78763)		Amount of Contribution (\$)	\$250.00
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID Charles Butt Public Education PAC Contributor address; City; State; Zip Code San Antonio, TX 78209	#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 7/76	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Anchia, Rafa	nel M. (The Honorable)			00054808	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	11/14/2023	Charles Butt Public Education PAC				\$5,000.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date	Full name of contributor x out-of-state PAC (ID#: CO	0248716)		Amount of Contribution (\$)	
	11/14/2023	Comcast Corporation & NBCUniversal PAC	_			\$1,500.00
		Contributor address; City; State; Zip Code				
		Philadelphia, PA 19103				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
H	Date	Full name of contributor X out-of-state PAC (ID#: CO	00248716)		Amount of Contribution (\$)	
	11/14/2023 Comcast Corporation & NBCUniversal PAC					\$1,500.00
		Contributor address; City; State; Zip Code				
		Philadelphia, PA 19103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		,		,		
	Date	Full name of contributor x out-of-state PAC (ID#: C0	0793711)		Amount of Contribution (\$)	
	11/14/2023	Constellation Energy Corporation Employee PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
-	Date	Full name of contributor X out-of-state PAC (ID#: CO	00793711)		Amount of Contribution (\$)	
	11/14/2023	Constellation Energy Corporation Employee PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
\vdash						

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 8/76	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/19/2023	5 Full name of contributorConstellation Energy Corp6 Contributor address; City; St		С	7	Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20001					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/19/2023	Full name of contributor Eli Lilly and Company PA Contributor address; City; St		C00082792)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Indianapolis, IN 46285 pation / Job title (See Instructions	·)	Employer (See Instructions	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID# 11/14/2023 Garza, Richard)		Amount of Contribution (\$)	\$960.50	
		11/14/2023 Garza, Richard Contributor address; City; State; Zip Code Fort Worth, TX 76104					
	Principal occu Architect	pation / Job title (See Instructions	·)	Employer (See Instructions RPGA Design Group Inc			
	Date 11/14/2023	Full name of contributor Garza, Richard Contributor address; City; St Fort Worth, TX 76104				Amount of Contribution (\$)	\$960.50
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions RPGA Design Group Inc			
	Date 11/14/2023	Full name of contributor Gerber, Pam Contributor address; City; St Dallas, TX 75219				Amount of Contribution (\$)	\$240.13
	Principal occu not employe	pation / Job title (See Instructions d	·)	Employer (See Instructions not employed	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 9/76	
2	FILER NAME Anchia, Rafa	el M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 11/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$240.13
8			9	Employer (See Instructions	<u> </u> 5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc State PAC Contributor address; City; State; Zip Code		not employed		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 11/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 07/21/2023)		Amount of Contribution (\$)	\$1,500.00
	Contributor address; City; State; Zip Code Dallas, TX 75218						
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Oncor	5)		
	Date 11/14/2023	Full name of contributor x out-of-state PAC (ID#: C Home Depot Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004	000)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CON	TRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: Sch: 6/12 Rpt: 10/76
2	FILER NAME Anchia, Rafa	nel M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054808
4	Date 11/14/2023	 Full name of contributor	of-state PAC (ID#: <u>C00284885</u>) O Code	7 Amount of Contribution (\$) \$1,000.00
8	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	9 Employer (See Instructions)
	Date 11/14/2023	Full name of contributor out Hotel PAC of THLA Contributor address; City; State; Zip	-of-state PAC (ID#:) Code	Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)
	Date 11/14/2023	Full name of contributor out Hotel PAC of THLA Contributor address; City; State; Zip	-of-state PAC (ID#:) D Code	Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)
	Date 12/19/2023	Invenergy Investment Company Contributor address; City; State; Zip		Amount of Contribution (\$) \$1,500.00
	Principal occu	Chicago, IL 60606 pation / Job title (See Instructions)	Employer (See Instructions)
	Date 11/14/2023	Full name of contributor out Legacy 44 Contributor address; City; State; Zip Austin, TX 78756	of-state PAC (ID#:) Code	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
			,	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 11/76	
2	FILER NAME Anchia, Rafa	uel M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 11/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78756				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78760			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 11/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:Lopez-Guerra, Ricardo Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$480.25
	Principal occu lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_Lopez-Guerra, Ricardo Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$480.25
	Principal occu lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 12/76	
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 11/14/2023	5 Full name of contributor McGuire Woods Federal6 Contributor address; City; S			7	Amount of Contribution (\$)	\$250.00
		Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 11/14/2023	Full name of contributor McGuire Woods Federal Contributor address; City; S		C00225342)		Amount of Contribution (\$)	\$250.00
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions	(3)	Employer (See Instructions	<u> </u>		
	Date 11/14/2023	Full name of contributor Metropolitan Anesthesia I Contributor address; City; S Dallas, TX 75219)	-	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>l</u> s)		
	Date 11/14/2023	Full name of contributor Metropolitan Anesthesia I Contributor address; City; S Dallas, TX 75219)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor Miller, Clifton Contributor address; City; S Dallas, TX 75202	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$240.13
	Principal occu consultant	pation / Job title (See Instructions	s)	Employer (See Instructions Self-Cemetrics	s)		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 9/12 Rpt: 13/76	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Anchia, Rafa	el M. (The Honorable)			L	00054808	
4	Date 11/14/2023	5 Full name of contributor Miller, Clifton	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$240.13
		6 Contributor address; City; State	s; zip Code				
		Dallas, TX 75202					
8	Principal occu consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Cemetrics	5)		
	Date	Full name of contributor	out-of-state PAC (ID#: CC	00366559		Amount of Contribution (\$)	
	11/14/2023	NRG Energy Inc PAC					\$2,000.00
		Contributor address; City; State; Zip Code					
		Princeton, NJ 08540					
Principal occupation / Job title (See Instructions) Employer (See Instruct					s)		
Date Full name of contributor X out-of-state PAC (ID		out-of-state PAC (ID#: CO	00366559)		Amount of Contribution (\$)		
	11/14/2023	NRG Energy Inc PAC	-				\$2,000.00
		Contributor address; City; State	e; Zip Code				
		Princeton, NJ 08540					
	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 (\$)	
	07/21/2023	Nye, Erle A.					\$10,000.00
		Contributor address; City; State	e; Zip Code				
		Dallas, TX 75225					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Oncor	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/14/2023	Oncor Texas State PAC					\$2,500.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75202					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
\vdash							

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 14/76		
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)	
4	Date 11/14/2023	5 Full name of contributor out-of-state PAC (ID#:) Oncor Texas State PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00	
		Dallas, TX 75202						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 11/14/2023	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
	Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Date 11/14/2023	Full name of contributor				Amount of Contribution (\$)	\$250.00	
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date 11/14/2023					Amount of Contribution (\$)	\$500.00	
	Principal occudoctor	Carrollton, TX 75010 pation / Job title (See Instructions)	Employer (See Instructions Metropolitan Anesthesia				
	Date 11/14/2023					Amount of Contribution (\$)	\$500.00	
	Principal occudoctor	pation / Job title (See Instructions)	Employer (See Instructions Metropolitan Anesthesia				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 15/76	
2	FILER NAME Anchia, Rafa	nel M. (The Honorable)			3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 12/19/2023	5 Full name of contributor PepsiCo Inc. Concerned6 Contributor address; City; S			7	Amount of Contribution (\$)	\$1,000.00
		Purchase, NY 10577	. 1				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 11/14/2023	Full name of contributor Rural Friends of Electric (Contributor address; City; S)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>''</u>		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	o)		
	Date 11/14/2023	Full name of contributor Rural Friends of Electric (Contributor address; City; S)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	S)		
	Date 12/19/2023	Full name of contributor Southwest Airlines Co. Fr Contributor address; City; S Dallas, TX 75235			•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor Texas Lobby Partners Contributor address; City; S Austin, TX 78702	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 12/12 Rpt: 16/76		
2	FILER NAME Anchia, Rafa	ael M. (The Honorable)		3	Filer ID (Ethics Commission 00054808	on Filers)
4	Date 11/14/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$1,000.00	
_	Dringing! goog	Austin, TX 78702	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	\$2,500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:) Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)				
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 12/19/2023	(200010470) Pernment		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/76 FILER NAME 3 Filer ID (Ethics Commission Filers) Anchia, Rafael M. (The Honorable) 00054808 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/21/2023 Kelley, Rusty \$220.00 rental of room at the 7 Contributor address; City; State; Zip Code Austin Club for Anchia fundraiser Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Blackridge owner 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: 1/10 Rpt: 18/76	2 FILER NAME Anchia, Rafael M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054808	
4	Date 10/03/2023	5 Payee name CVS Pharmacy	
6	Amount (\$) \$106.07	7 Payee address; City; State; Zip Code 2702 Valwood Pkwy	
		Farmers Branch, TX 75234	
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 Supplies for community event	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 10/03/2023	Payee name CVS Pharmacy	
	Amount (\$) \$106.07	Payee address; City; State; Zip Code 2702 Valwood Pkwy	
		Farmers Branch, TX 75234	
	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 Supplies for national night out	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 11/27/2023	Payee name Celebration Catering	=
	Amount (\$) \$1,809.94	Payee address; City; State; Zip Code 4519 W. Lovers Ln	
		Dallas, TX 75209	
	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 Elm Thicket senior luncheon	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense 1 al Committee Legal Services Salaries/Wages/Contract Labor (Travel Out of District OTHER (enter a category not listed above)
L	Sicult Gard i dymont	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 19/76	Anchia, Rafael M. (The Honorable)	00054808
4	Date	5 Payee name	
	08/21/2023	Crossroads Unit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	603 Woodhaven Rd	
		Duncanville, TX 75116	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	e of Texas. Complete Schedule T.
	LXI LINDITORL	Cartalactor Chiconology, Chicoar Committee	fficeholder living expense
		NAP conference r	registration for Frances Rizo
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorale to belief C/OI	<u></u>	
	Date	Payee name	
	11/10/2023	Dallas County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	1414 N. Washington Ave.	
		Dallas, TX 75204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	e of Texas. Complete Schedule T.
	2/11/2/10/12		fficeholder living expense
		Application fee to	file for re-election
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	10/09/2023	Dallas Hispanic Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	2102 Ross Ave	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations wade by	e of Texas. Complete Schedule T.
			fficeholder living expense
		Sponsor table at I	NOCIIE UE LUZ
	Complete ONLY if alice of	Condidate/Officeholder name	Office hold
	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 3/10 Rpt: 20/76	2 FILER NAME Anchia, Rafael M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054808
4	Date	5 Payee name
	12/15/2023	Elm Thicket/Northpark Neighborhood Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 196043
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Gaston Middle School
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	9565 Mercer Dr
		Dallas, TX 75228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to DISD dance program
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	07/31/2023	JPMorgan Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,844.53	P.O. Box 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Monthly payment of credit card for campaign-related
L		expenditures
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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		Legal Services The Instruction Gui		Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission File	ers)
	Sch: 4/10 Rpt: 21/76		afael M. (The Hond	orable)				00054808		
4	Date	5 Payee nam	e							
	08/25/2023	JPMorgan	Chase Bank							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$9,454.77	P.O. Box 9	94014							
		Palatine, I	L 60094							
8	PURPOSE OF	(a) Category	See Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Credit Car	d Payment					de of Texas. Com		
						\Box		officeholder living		atad
						Monthly payment of credit card for campaign-related expenditures				aicu
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nam	е							
	09/27/2023	JPMorgan	Chase Bank							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$3,419.56	P.O. Box 9	94014							
		Palatine, I	L 60094							
	PURPOSE	(a) Category	See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Car	d Payment					de of Texas. Com		
								officeholder living		atad
						expenditures		it or credit ca	ard for campaign-rel	aleu
	Complete ONLY if direct		fficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O	H								
	Date	Payee nam	е							
	10/30/2023	JPMorgan	Chase Bank							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$8,491.50	P.O. Box 9	94014							
		Palatine, I	L 60094							
	PURPOSE	(a) Category	See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Car	d Payment			ш		de of Texas. Com		
						ш		officeholder living		-41
						expenditures		it of credit ca	ard for campaign-rel	aleu
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ıabt			Office he	ald.	
	expenditure to benefit C/O		mocholder Hallie	Office Suc	agrit			Onice ne	ли	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Printin Salarie		se s/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	(Ethics Commission Filers)
	Sch: 5/10 Rpt: 22/76		Rafael M. (The Honor	able)			00054808	
4	Date	5 Payee nar	ne					
	11/22/2023	JPMorga	n Chase Bank					
6	Amount (\$)	7 Payee add	dress; City;	State; Zip	Code			
	\$9,545.72	P.O. Box	94014					
		Palatine	IL 60094					
Ļ	DUDDOCE				(6)			
8	PURPOSE OF		(See Categories listed at the to	op of this schedule)	(a)	Description Check if travel	outside of Toyon Com	nloto Cahadula T
	EXPENDITURE	Credit Ca	ard Payment				outside of Texas. Com	
						ш		ard for campaign-related
						expenditures		
9	Complete ONLY if direct	Candidate//	Officeholder name	Office s	ought		Office he	Jd
	expenditure to benefit C/O		Jilicenoluei Hame	Office s	ougni		Office fie	aiu
L		<u> </u>						
	Date	Payee nar						
	12/21/2023	JPMorga	n Chase Bank					
	Amount (\$)	Payee add	dress; City;	State; Zip	Code			
	\$4,794.14	P.O. Box	94014					
		Palatine,	IL 60094					
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Credit Ca	ard Payment			=	outside of Texas. Com	
						ш	n, TX, officeholder living	ard for campaign-related
						expenditures		ard for campaign-related
L	Complete ONL V if direct	Candidate/	Officeholder name	Office		•	Office he	-1d
	Complete ONLY if direct expenditure to benefit C/OH		Jilicenolaer name	Office s	ougni		Office fie	eiu
┕	•	T						
	Date	Payee nar						
	12/21/2023	Oliva, Ta	nnya					
	Amount (\$)	Payee add	dress; City;	State; Zip	Code			
	\$1,000.00	8012 And	dravida Dr					
		Austin, T	X 78747					
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/	Wages/Contract Labo	or			outside of Texas. Com	
	EXPENDITURE						ı, TX, officeholder livinç	g expense
						Legislative b	onus	
L								
1	Complete ONLY if direct		Officeholder name	Office s	ought		Office he	eld
	expenditure to benefit C/OI	1						
Г								
Ē	rms provided by Texas E	thice Commi	esion Manan	v.ethics.state.t	V IIC			Version V3.5.1.9000c47
1 0	iiiis pioviucu dy Texas E	unco comini	JUIUI WWWW	v.บเทเบอ.อเลเซ.โ	า.นอ			V CI 31011 V 3.3.1.3000004/

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/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: 6/10 Rpt: 23/76	Anchia, Rafael M. (The Honorable) 00054808					
4	Date	5 Payee name					
	10/18/2023	Otis Hotel Austin					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$216.41	1901 San Antonio St					
		Austin, TX 78705					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Officeholder's lodging while attending special					
		session					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OF						
_	Data						
	Date	Payee name					
	07/01/2023	Reyes, Ana					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	2628 Valwood Parkway					
		Farmers Branch, TX 75234					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Transportation Equipment & Related					
		Expense					
		r der superid					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OF						
	Date	Payee name					
	08/01/2023	Reyes, Ana					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	2628 Valwood Parkway					
		Farmers Branch, TX 75234					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment & Related					
	LAFENDITORE	Expense					
		Fuel stipend					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Anchia, Rafael M. (The Honorable) 00054808
5 Payee name
Reyes, Ana
7 Payee address; City; State; Zip Code
2628 Valwood Parkway
Farmers Branch, TX 75234
(a) Category (See Categories listed at the top of this schedule) (b) Description
Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Expense
T del superio
Candidate/Officeholder name Office sought Office held
H Office field
<u></u>
Payee name
Reyes, Ana
Payee address; City; State; Zip Code
2628 Valwood Parkway
Farmers Branch, TX 75234
(a) Category (See Categories listed at the top of this schedule) (b) Description
Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Expense
Candidate/Officeholder name Office sought Office held
H
T
Payee name
Reyes, Ana
Payee address; City; State; Zip Code
2628 Valwood Parkway
Farmers Branch, TX 75234
(a) Category (See Categories listed at the top of this schedule) (b) Description
l —
Transportation Equipment & Related
Expense Check if Austin, TX, officeholder living expense
Transportation Equipment & Related
Expense Check if Austin, TX, officeholder living expense Fuel stipend
Expense Check if Austin, TX, officeholder living expense Fuel stipend Candidate/Officeholder name Office sought Office held
Expense Check if Austin, TX, officeholder living expense Fuel stipend
Expense Check if Austin, TX, officeholder living expense Fuel stipend Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 8/10 Rpt: 25/76	2 FILER NAME Anchia, Rafael M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054808	_
4	·	<u> </u>	_
4	Date 12/01/2023	5 Payee name Reyes, Ana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$100.00	2628 Valwood Parkway	
	Ψ100.00	2020 Valwood i dikway	
		Farmers Branch, TX 75234	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fuel stipend	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	12/21/2023	Reyes, Ana	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	2628 Valwood Parkway	
		Farmers Branch, TX 75234	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Legislative bonus	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
			=
	Date	Payee name	
	08/03/2023	Reyes, Emily	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	13458 Challaburton Dr	
		Dallas, TX 75234	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Assistance with July district events	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	<u> </u>							
	Sch: 9/10 Rpt: 26/76	Anchia, Rafael M. (The Honorable) 00054808							
4	Date	Payee name							
	08/03/2023	Rojas, Andrea							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$500.00	803 S. College Street							
		Waxahachie, TX 75165							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Assistance with July district events							
		A constance with only district events							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
_	Date	Payee name							
	11/01/2023	Rosemont Elementary School							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	1919 Stevens Forest Dr							
		Dallas, TX 75208							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.							
		Candidate/Officeholder/Political Committee							
		Domailon .							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	10/25/2023	Sheraton Austin							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$245.07	701 East 11th Street							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Officeholder's lodging while attending special							
		session							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Coı	nmittee L	egal Services	morials Expense		oense ages/Contract I		Travel Out of Dis OTHER (enter a	strict category not listed above)
┰	Total pages Schedule F1:	2			<u>.</u>		·	3	Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 27/76		Anchia, Rafa	el M. (The	e Honorable)				00054808	
4	Date	5	Payee name					•		
L	11/13/2023		TDCJ Manuf	acturing a	and Logistics					
6	Amount (\$)	7	Payee address		Stat	e; Zip Co	de			
	\$389.70		P.O. Box 401	13						
			Huntsville, T	X 77342						
8	PURPOSE	(a)	Category (See	e Categories lis	sted at the top of this s	chedule)	(b) Descrip	otion		
	OF EXPENDITURE		Gift/Awards/I						ide of Texas. Com	
									, officeholder living	
							Tourna		п Сарної Со	ngressional Debate
								ament		
9	Complete ONLY if direct expenditure to benefit C/OI	٦ (Candidate/Offic	eholder naı	me	Office sou	jht		Office he	eld
L										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F				sion Filers)	
Sch: 1/44 Rpt: 28/76	Anchia, Rafael M. (The Honorable)			00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$300.00	08/15/2023						
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	AFL-CIO Dallas 1408 N. Washington Ave Suite 240 Dallas, TX 75204							
8 PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donation Candidate/Officeholde		Sponsorsh	ip of Labor Day	breakfast			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$612.73	07/07/2023						
PAYEE (a) Payee name			(b) Payee ad	ddress;	City,	State,	Zip Code	
	Amazon		410 Terry	Ave. N.				
			Seattle, WA 98019					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for community event					
X Political	Lvent Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
	\$5.40	08/28/2023						
PAYEE	(a) Payee name	ı	(b) Payee ad	ddress;	City,	State,	Zip Code	
			410 Terry	Ave. N.				
	Amazon							
			Seattle, W.	A 98019				
PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Monthly us	age fee				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Sch: 2/44 Rpt: 29/76	Anchia, Rafael M. (The Honorable)		00054808
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid
	\$17.31	10/09/2023		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave. N.	City, State, Zip Code
0 PURPOSE OF	(a) Catagon		Seattle, WA 98019 (b) Description	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	Supplies for community ev	vent
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid
	\$460.89	10/14/2023		
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code
	Amazon		410 Terry Ave. N.	
	() 0 :		Seattle, WA 98019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Supplies for community ev	vent
X Political	Event Expense		Supplies for community ex	vent
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid
	\$42.84	10/19/2023		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	Amazon		410 Terry Ave. N.	
			Seattle, WA 98019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Supplies for community ev	vent
X Political	Event Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held
expenditure to benefit C/OH				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)		
Sch: 3/44 Rpt: 30/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$64.80	10/28/2023					
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave. N.	City, State,	Zip Code		
			Seattle, WA 98019				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Supplies for community e	event			
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$123.29	07/13/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	American Airlines		4255 Amon Carter Blvd				
			Fort Worth, TX 76155				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipm Expense		Officeholder's airfare to attend special session				
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	·	ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$597.80	10/14/2023					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code		
			4255 Amon Carter Blvd				
	American Airlines						
			Fort Worth, TX 76155				
PURPOSE OF	(a) Category	of this colorabile?	(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equip	,	Officeholder's airfare to a	ttend special session			
X Political	Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	-						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				sion Filers)
Sch: 4/44 Rpt: 31/76	Anchia, Rafael M. (The Honorable)	00054808				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$138.98	10/25/2023					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	American Airlines		4255 Amo	on Carter Blvd			
				h, TX 76155			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
X Political	Transportation Equipment Expense	*	Officehold	der's airfare to at	tend special se	ession	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$1,000.00	11/07/2023					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	American Business	Immigration	1805 S. A	Ashland Ave			
			Chicago,	IL 60608			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donation		Contributi	ion			
X Political		er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$315.62	08/12/2023					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code
			120 N. W	acker Dr			
	Bazaar Meat Chica	go					
			Chicago,	IL 60606			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	*		eeting with board	d members of L	atino Le	gislative
X Political			Leaders				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica			laries/Wages/Cont		THER (enter a catego	ory not listed a	bove)
4. Total pages Calcadula E4.		The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
1 Total pages Schedule F4:		Th - 11			1	ics Commis	sion Filers)
Sch: 5/44 Rpt: 32/76	Anchia, Rafael M. (T		00054808		
4 CREDIT CARD ISSUER	Name of finar		OF UNITEMIZED DITURES	\$			
ISSOLIN			CHARGE	ED TO A CREDIT			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$550.00	11/05/2023					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		O 111	2710 Rou	th Creek			
	Beyond the Slogan	Consulting	#4120				
			Richardso	n, TX 75082			
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Consulting Expense	of this schedule)	Anti-vouch	ner text messag	ing		
X Political	Consulting Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$41.14	08/26/2023					
	, , , , , ,	00,20,202					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			1400 Con	gress Ave			
	Capitol Extension G	Sift Shop	E.1.006				
			Austin, TX	78701			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Dcor for district office				
X Political	Office Overflead/Nerit	lai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$94.35	11/30/2023					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1400 Con	gress Ave			
	Capitol Extension G	Sift Shop	E1.006				
			Austin, TX	78701			
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office sup	plies for Capitol	office		
X Political	Jince Overneau/Rein	ш шхрензе					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	•	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Caldidate/Officerfolder/Foliace	· ·	ruction Guide explains how	-	THEN (enter a category i	not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 6/44 Rpt: 33/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$543.85	11/30/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	0.0015.000	2.6. 01	1400 Congress Ave				
	Capitol Extension C	iπ Snop	E.1.006				
			Austin, TX 78701				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gifts for constituents				
X Political	Gill/Awarus/Memorial	is Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living exper	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$189.44	12/05/2023					
PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code	
	Central Market #55	2	5750 E. Lovers Lane				
			Dallas, TX 75206				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Birthday flowers to staff member				
X Political	Gift/Awards/Memorial	s Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$270.63	12/06/2023					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	(4) 1 3) 11 111111		5750 E. Lovers Lane	2.3,	,	_p	
	Central Market #55	2	0.00 5. 50.00 5.00				
			Dallas, TX 75206				
PURPOSE OF	(a) Category		(b) Description		-		
EXPENDITURE	(See Categories listed at the top		Birthday gift basket to sta	ff member			
X Political	Gift/Awards/Memorial	ls Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH			3 -				
	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 7/44 Rpt: 34/76	Anchia, Rafael M. (The Honorable)	00054808					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$297.69	12/07/2023						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod				
	Central Market #55	2	5750 E. Lovers Lane					
			Dallas, TX 75206					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	*	Sympathy flowers in mem	ory of Hon. Trini Garza				
X Political	Giri/ Wards/Memorial	3 Ехрепос						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issuer	Paid				
	\$500.00	07/26/2023						
PAYEE	PAYEE (a) Payee name			City, State, Zip Cod				
	Champ Campua		5717 Legacy Dr					
	Champ Campus		#2095					
			Plano, TX 75024					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Donation to Championship Mock Trial					
X Political	Contributions/Donatio	ns Made By	Donation to Championship	D MOCK Trial				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$360.00	11/28/2023						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Cod				
			12879 Josey Lane					
	Custom Awards & 7	Trophies	#110					
			Farmers Branch, TX 7524	4				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)		I for 2023 Capitol Congressional				
X Political			Debate Tournament					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 8/44 Rpt: 35/76	Anchia, Rafael M. (The Honorable)		00054808					
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$102.57	07/23/2023							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code					
	CVS Pharmacy		2702 Valwood Pkwy						
	(a) Cataman		Farmers Branch, TX 7523	4					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Supplies for community ev	/ent					
X Political	Event Expense		Supplies for community ex	vent					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Chause	(a) Data(a) Gradit Cand Issue	Deid					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	Paid					
	\$371.00	12/19/2023							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	CVS Pharmacy		2427 W. Jefferson Blvd						
			Dallas, TX 75208						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
l <u> </u>	Event Expense	or and concadio,	Gift cards to Latino peace officers event						
X Political									
Non-Political	`	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
TATMENT		. ,	(c) Date(3) Credit Card 133uci	T did					
	\$300.00	08/17/2023							
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code					
			1408 N. Washington Ave	,					
	Dallas AFL CIO		#240						
			Dallas, TX 75204						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Annual membership dues						
X Political	Fees								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 9/44 Rpt: 36/76	Anchia, Rafael M. (The Honorable)		00054808		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issue	r Paid		
	\$2,556.54	09/29/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Dallas Education Fo	oundation	9400 N Central Expy			
	Dallas Education Fo	ouridation	Mailbox 19			
			Dallas, TX 75231			
8 PURPOSE OF	(a) Category	of this calcadula)	(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Donation			
X Political	Candidate/Officeholde					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$125.00	08/08/2023				
PAYEE (a) Payee name		I .	(b) Payee address;	City,	State,	Zip Code
		Dallas Friday Group				
	Dallas Friday Group					
			Irving, TX 75039			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Annual membership dues			
X Political	Fees	·	Airidai membersiiip dues	•		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$140.00	08/08/2023				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
			909 Lake Carolyn Pkwy			
	Dallas Friday Group	p	#320			
			Irving, TX 75039			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Registration fee for conve	ersation with US	. Congre	essman
X Political			Jake Ellzey			
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 10/44 Rpt: 37/76	Anchia, Rafael M. (The Honorable)		00054808		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	Paid		
	\$103.84	08/09/2023				
7 PAYEE	(a) Payee name Dallas Morning Nev	vs	(b) Payee address; 1954 Commerce Street	City,	State,	Zip Code
			Dallas, TX 75201			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Subscription			
X Political	1 1 6 6 3					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$103.84	10/04/2023				
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code
	Dallas Morning Nev	WS	1954 Commerce Street			
			Dallas, TX 75201			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Subscription			
X Political	Fees					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$103.84	11/29/2023				
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
	B. H. M. M. M. M.		1954 Commerce Street			
	Dallas Morning Nev	VS				
			Dallas, TX 75201			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Fees	or this scriedule)	Subscription			
X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	_	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica	-			THER (enter a category	y not listed at	oove)
	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 11/44 Rpt: 38/76	Anchia, Rafael M. (The Honorable)		00054808		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER			EXPENDITURES CHARGED TO A CREDIT	\$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$522.80	07/06/2023				
	φ322.60	07/00/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(-))		1030 Delta Blvd.	-1-5,	,	_,,
	Delta Airlines		1000 Della Biva.			
			Atlanta, GA 30354			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Transportation for Chief of	f Staff to attend	NALEO	in NYC
X Political	Transportation Equipr	ment & Related	Transportation for Sinor S	. 0		
	Expense					
Non-Political	(c) X Check if travel outside		_	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH			1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$3,250.00	12/07/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Domos are as / To albas		8552 Royal County Down	Dr		
	Democracy Toolbox	X				
			McKinney, TX 75070			
PURPOSE OF	(a) Category	of this cohodula)	(b) Description			
EXPENDITURE	(See Categories listed at the top Consulting Expense	or this schedule)	Consultant fee regarding	GOTV project		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$103.00	10/21/2023				
	,					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			4201 N State Hwy 161	-		
	Enterprise		Suite 150			
			Irving, TX 75038			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Truck rental for communit	y event		
X Political	Event Expense					
Non-Political	(a) Charle if transition	of Toyon Complete Calcadala T	Charles Access To	officeholder living	200	
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	erise	
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Onicendider	name Oille	o sought	Jilico Helu		
experience to belieff 6/011						
Ī						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Officeriolder/Folitica	Ü	ruction Guide explains how	· ·	THER (enter a category not liste	eu above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comr	mission Filers)
Sch: 12/44 Rpt: 39/76	Anchia, Rafael M. (The Honorable)		00054808	
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$101.31	12/01/2023			
7 PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
	Enterprise		11633 Harry Haines Blvd #102 Dallas, TX 75229		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE X Political	(See Categories listed at the top Transportation Equip Expense		Staff roundtrip to Austin		
Non-Political	- `	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$113.06	07/24/2023			
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
	Enterprise Rent-a-car Dallas 7366 Cedar Spr		7366 Cedar Springs Rd		
			Dallas, TX 75235		
PURPOSE OF	(a) Category	-f.Ab.;	(b) Description		
EXPENDITURE X Political	(See Categories listed at the top Event Expense	or this schedule)	Truck rental for communi	ty event	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$105.06	08/26/2023			
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code
	Enterprise Rent-a-c	ar Dallas	7366 Cedar Springs Rd		
			Dallas, TX 75235		
PURPOSE OF	(a) Category	(d): 1 11)	(b) Description		
EXPENDITURE X Political	(See Categories listed at the top Transportation Equip Expense		Staff's roundtrip transport	tation to Austin	
Non-Political	—	of Texas. Complete Schedule T.	Check if Austin TV	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	
expenditure to benefit C/OH	Sandado, Sinocholdol	Onlo	g	SSS HOIG	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	nis form.	(9-	.,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 13/44 Rpt: 40/76	Anchia, Rafael M. (The Honorable)			00054808		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$5.95	09/03/2023					
7	PAYEE	(a) Payee name Enterprise Rent-a-c	car Dallas	(b) Payee a 7366 Ced	ddress; ar Springs Rd	City,	State,	Zip Code
L				Dallas, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Transportation Equipr Expense	•	I oil incurr	ed while using r	entai car		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	oense	
9	' -					Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$115.61	10/04/2023					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
				13210 Sei	nlac Dr			
				Farmers E	Branch, TX 7523	34		
	PURPOSE OF	(a) Category		(b) Descript				
	X Political	(See Categories listed at the top Event Expense	of this schedule)	Truck rent	al for communit	y event		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	pense	
H	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$275.25	11/21/2023					
Г	PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
l				7366 Ced	ar Springs Rd			
l		Enterprise Rent-a-c	ar Dallas					
				Dallas, TX	75235			
	PURPOSE OF	(a) Category	-f.Ab.;	(b) Descript				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Truck rent	al for staff to tra	vel to Austin		
	X Political	Expense						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comr	mission Filers)		
Sch: 14/44 Rpt: 41/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$90.00	07/01/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code		
	Extra Space		1606 Plantation Road				
			Dallas, TX 75235				
8 PURPOSE OF EXPENDITURE	(a) Category	of this schodulo)	(b) Description				
	(See Categories listed at the top Fees	of this scriedule)	Rental of storage unit for o	campaign signs			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
9 Complete ONLY if direct							
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$102.00	08/01/2023					
PAYEE	(a) Payee name (b) Payee address;			City, State	e, Zip Code		
			1606 Plantation Road				
			Dallas, TX 75235				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Rental of storage unit for campaign signs				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$102.00	09/01/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code		
	Evtra Chana		1606 Plantation Road				
	Extra Space						
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Fees		Rental of storage unit for o	campaign signs			
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)	
Sch: 15/44 Rpt: 42/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$102.00	10/01/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Extra Space		1606 Plantation Road				
			Dallas, TX 75235				
8 PURPOSE OF	(a) Category	of this colored (Is)	(b) Description				
EXPENDITURE	(See Categories listed at the top	of this scriedule)	Rental of storage unit for	campaign signs			
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		, officeholder living expe	nse		
9 Complete ONLY if direct							
expenditure to benefit C/OH		1	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$102.00	11/01/2023					
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
			1606 Plantation Road				
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Rental of storage unit for campaign signs				
X Political	Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$102.00	12/01/2023					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Fytra Chasa		1606 Plantation Road				
	Extra Space						
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	compoier siers			
<u> </u>	Fees		Rental of storage unit for	campaign signs			
X Political	<u> </u>		<u> </u>				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	riame Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 16/44 Rpt: 43/76	Anchia, Rafael M. (The Honorable)			00054808		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$151.39	07/22/2023					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	FedEx		13940 N.	Stemmons Fwy			
			Dallas, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Event Expense	or the contours,	Supplies	for community ev	/ent		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$33.88	07/25/2023					
PAYEE	(a) Payee name	•	(b) Payee address; City, State,				Zip Code
	FedEx		13940 N.	Stemmons Fwy			
			Dallas, T	X 75234			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Overnight package to Capitol				
X Political	Office Overhead/Ren	iai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$51.92	08/14/2023					
PAYEE	(a) Payee name	·	(b) Payee	address;	City,	State,	Zip Code
	e. Je		13940 N.	Stemmons Fwy			
	FedEx						
			Dallas, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Office Overhead/Ren		Office sup	oplies for District	office		
X Political		•					
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
1	·	·	·		·		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Oniceriolae//Folitica	•	ruction Guide explains how	-	THEN (eliter a category i	iot iisteu at	ove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 17/44 Rpt: 44/76	Anchia, Rafael M. (The Honorable)		00054808		
4 CREDIT CARD ISSUER	·	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$61.25	11/29/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	FedEx		13940 N. Stemmons Fwy	,		
			Dallas, TX 75234			
8 PURPOSE OF	(a) Category	of this colored (Is)	(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Event Expense	or this scriedule)	Supplies for 2023 Capitol Tournament	Congressional D	ebate	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expen	se	
9 Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$41.56	12/22/2023				
PAYEE	(a) Payee name	(a) Payee name (b) Payee address;			State,	Zip Code
	l l		13940 N. Stemmons Fwy	,		
			Dallas, TX 75234			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Mailing supplies			
X Political	Office Overhead/Rent	iai Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	se	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$17.30	12/27/2023				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
			13940 N. Stemmons Fwy	,		
	FedEx					
			Dallas, TX 75234			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
EXPENDITURE	Office Overhead/Rent		Mailing supplies			
X Political						
Non-Political	(*) —	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expen	se	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete this fo	orm.	(4 4. 449	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
l	Sch: 18/44 Rpt: 45/76	Anchia, Rafael M. (The Honorable)			00054808		
4	CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF L EXPENDITU CHARGED 1 CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	r Paid		
		\$190.48	11/14/2023					
7	PAYEE	(a) Payee name H-E-B		(b) Payee addre	ress Ave	City,	State,	Zip Code
L				Austin, TX 78	745			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		•		B
	X Political	Food/Beverage Expe		Snacks and refreshments for meeting with Texas Regional Director of EveryTown for Gun Safety				Regional
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living ex	xpense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	r Paid		
		\$180.48	08/28/2023					
	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
		HEB Online #108		20934 US 28:	1			
l				San Antonio,	TX 78258			
Г	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Snacks and re Education	efreshments	for meeting v	vith State I	Board of
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Пс	heck if Austin. TX.	officeholder living ex	xpense	
┝	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
e	expenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	r Paid		
		\$63.86	07/26/2023					
Г	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
l				14858 Presto	n Rd			
l		Hobby Lobby						
				Dallas, TX 75	254			
	PURPOSE OF	(a) Category	(II)	(b) Description				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Custom frame	e & mat for S	State resolutio	n (Inga)	
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	c	heck if Austin, TX,	TX, officeholder living expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 19/44 Rpt: 46/76	Anchia, Rafael M. (The Honorable)			00054808				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$84.97	08/11/2023							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Hobby Lobby		14858 Pre						
0. DUDDOOF OF	(a) Catagon		Dallas, TX						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial			ame & mat for re t Eva Johnson	esolution in cel	ebrating t	the life of		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$48.70	10/13/2023							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Hobby Lobby		14858 Pre						
			Dallas, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on ame & mat for S	toto rocalution	for Cross	tor Dallac		
X Political	Gift/Awards/Memorial			t Associations	tate resolution	ioi Grea	lei Dallas		
Non-Political	· · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$3,229.63	10/26/2023							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	loop Mastors		3822 S. Co	ongress Ave					
	Jeep Masters								
			Austin, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		vahiala				
l <u> </u>	Transportation Equipr		Maintenan	ce of legislative	venicie				
X Political	Expense								
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
experiorare to benefit C/OH	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this fo	orm.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 20/44 Rpt: 47/76	Anchia, Rafael M. (The Honorable)			00054808		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF U EXPENDITU CHARGED 1 CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issue	r Paid		
	\$212.53	08/26/2023					
7 PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
	JW Marriott Austin		110 East 2nd	Street			
			Austin, TX 78	701			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Staff's lodging	while atten	ding meetings i	n Austin	
X Political	Traver Out or District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Пс	heck if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issue	r Paid		
	\$34.93	09/06/2023					
PAYEE	(a) Payee name	I	(b) Payee addre	City,	State,	Zip Code	
	JW Marriott Austin		110 East 2nd	Street			
			Austin, TX 78	701			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Staff meal				
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u></u>	heck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issue	r Paid		
	\$106.60	07/01/2023					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee addre	ess;	City,	State,	Zip Code
			c/o The Rock	et Science G			
	Mailchimp		675 Ponce de		•		
			Atlanta, GA 3				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Mass mailing	service			
X Political	Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
The state of the s	l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 21/44 Rpt: 48/76	Anchia, Rafael M. ((The Honorable)		00054808		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$106.60	08/01/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Mailchimp		c/o The Rocket Science C 675 Ponce de Leon Ave N Atlanta, GA 30308	•		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Fees	of this schedule)	Mass mailing service			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$106.60	09/01/2023				
PAYEE	(a) Payee name		(b) Payee address; City, State			Zip Code
	Mailahima		c/o The Rocket Science C	Group LLC		
	Mailchimp		675 Ponce de Leon Ave N	NE Suite 5000		
			Atlanta, GA 30308			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mass mailing service			
X Political						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		, officeholder living exper	ıse	
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held		
expenditure to benefit C/OH	())	1(1) 5 : (0)	1/25//20 8/0			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$106.60	10/01/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) r ayee name		c/o The Rocket Science C	•	Otato,	Zip Codo
	Mailchimp		675 Ponce de Leon Ave N	•		
			Atlanta, GA 30308			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Mass mailing service			
X Political	Fees					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	ıse	
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 22/44 Rpt: 49/76	Anchia, Rafael M. (The Honorable)			00054808			
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF EXPENDITUCHARGED CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
	\$106.60	11/01/2023						
7 PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code	
	Mailchimp		c/o The Rock 675 Ponce do Atlanta, GA 3	e Leon Ave N	roup LLC IE Suite 5000			
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Fees	of this schedule)	Mass mailing					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
	\$117.26	12/01/2023						
PAYEE (a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
	Mailahiman		c/o The Rock	ket Science G	roup LLC			
	Mailchimp		675 Ponce d	e Leon Ave N	IE Suite 5000			
			Atlanta, GA 3					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Mass mailing service					
X Political	1 000							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
	\$500.00	10/17/2023						
PAYEE	(a) Payee name	1	(b) Payee addr	ess;	City,	State,	Zip Code	
			5706 E. Moc	kingbird Lane	•			
	March to the Polls		#115-267					
			Dallas, TX 75	5206				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donation	· ·	Contribution					
X Political		er/Political Committee						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)				
Sch: 23/44 Rpt: 50/76	Anchia, Rafael M. (The Honorable)		00054808						
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$318.26	08/04/2023								
7 PAYEE	(a) Payee name McDonald's		(b) Payee address; 2137 West NW Hwy	City,	State,	Zip Code				
			Dallas, TX 75220							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description							
l <u> </u>	Event Expense	or this scriedale)	Supplies for community event							
X Political	•									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$700.00	07/06/2023								
PAYEE		(b) Payee address;	City,	State,	Zip Code					
	NALEO Educational Fund		1000 Corporate Ctr Dr Ste 310 Monterey Park, CA 9175	4						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Conference registration f							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expe	nse					
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 07/07/2023	(c) Date(s) Credit Card Issue	er Paid						
PAYEE	NALEO Educational Fund		(b) Payee address; 1000 Corporate Ctr Dr Ste 310 Monterey Park, CA 9175	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Annual membership fee							
Non-Political	(c) Check if travel outside	Check if Austin, TX	, officeholder living expe	nse						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
	Sch: 24/44 Rpt: 51/76	Anchia, Rafael M. (The Honorable)			00054808				
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$191.75	09/10/2023							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Network Solutions			te Parkway					
L					/ille, FL 32256					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion ubscription					
	X Political	Fees	,	Ailliuai S	ubscription					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$73.03	09/20/2023							
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		Network Solutions		5335 Ga	te Parkway					
		Network Solutions		l						
L	DUDDOOT 05	(a) Cataman		+	/ille, FL 32256					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Usage fe						
	X Political	Fees		Osage ic	C					
	Non-Political	() 🗖								
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	office held	pense			
۱ ,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicendider	name Onio	e sought		Office field				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$223.68	10/17/2023							
		Ψ223.00	10/11/2023							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
				5335 Ga	te Parkway					
		Network Solutions								
L				+	/ille, FL 32256					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
		Fees	or this scriedale)	Usage fe	e					
1	X Political									
	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
<u> </u>	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
\vdash^{e}	expenditure to benefit C/OH									
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 25/44 Rpt: 52/76	Anchia, Rafael M. (The Honorable)			00054808				
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	r Paid				
	\$216.41	10/18/2023							
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code		
	Otis Hotel Austin		1901 San A	ntonio St					
			Austin, TX 7						
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descriptio						
EXPENDITURE	Travel Out of District	of this scriedule)	Staff's lodging while attending meetings in Austin						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH		I	T	-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	r Paid				
	\$389.70	09/08/2023							
PAYEE	PAYEE (a) Payee name (b) Pa		(b) Payee add	dress;	City,	State,	Zip Code		
	Quorum Report		P.O. Box 8						
			Austin, TX 7	78767					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Annual subscription						
X Political	Fees								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	-	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	r Paid				
	\$1,721.18	12/02/2023							
PAYEE	(a) Payee name	<u> </u>	(b) Payee add	dress;	City,	State,	Zip Code		
			1710 S. Hai	rwood					
	Reilly Echols Printir	ng Inc.							
			Dallas, TX 7	75215					
PURPOSE OF	(a) Category	of this cabadula)	(b) Descriptio						
EXPENDITURE (See Categories listed at the top of this schedule) Printing Expense		Printing doc	or hangers						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 26/44 Rpt: 53/76	Anchia, Rafael M. (The Honorable)			00054808				
4 CREDIT CARD ISSUER		ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$417.97	07/13/2023							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Sam's Club		4062 LBJ	Fwy					
			Dallas, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
X Political	Event Expense	or this seriedate)	Supplies to	or community e	vent				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$643.72	10/03/2023							
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
	Sam's Club #6376		4062 LBJ	Fwy					
			Dallas, TX	75244					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Supplies for national night out						
X Political	Event Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH	(-) A	(h) Data at Obarra	(-) D-+-(-) (2 dia 0d I	- D-id				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$386.16	10/17/2023							
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code		
			4062 LBJ	Fwy					
	Sam's Club #6376								
			Dallas, TX	75244					
PURPOSE OF	(a) Category		(b) Descripti						
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Supplies for	or community e	vent				
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 27/44 Rpt: 54/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$200.96	10/19/2023					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Sam's Club #6376		4062 LBJ Fwy				
			Dallas, TX 75244				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Event Expense	or this somedate)	Supplies for community	event			
X Political							
Non-Political	()	of Texas. Complete Schedule T.		X, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH PAYMENT	(a) Amazunat Chausand	(h) Data of Charre	(a) Data(a) Cradit Card Inc.	or Doid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Pald			
	\$241.27	07/14/2023					
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code	
	Sam's Club #8248		9461 Webb Chapel Roa	d			
			Dallas, TX 75220				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	Supplies for community event				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$123.00	07/20/2023					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			9461 Webb Chapel Roa	d			
	Sam's Club #8248						
			Dallas, TX 75220				
PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
I	EXPENDITURE (See Categories listed at the top of this schedule) Event Expense			event			
X Political	,						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		X, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)				
Sch: 28/44 Rpt: 55/76	Anchia, Rafael M. (The Honorable)		00054808					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$82.70	08/04/2023							
7 PAYEE	(a) Payee name Sam's Club #8248		(b) Payee address; 9461 Webb Chapel Rd	City, St	ate, Zip Code				
			Dallas, TX 75220						
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description						
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Supplies for community ev	vent					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$238.99	07/23/2023							
PAYEE (a) Payee name			(b) Payee address;	City, St	ate, Zip Code				
	Santos Rodriguez S	Scholarship	P.O. Box 740235						
			Dallas, TX 75275						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Donation						
X Political	Contributions/Donatio								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$266.51	(b) Date of Charge 11/30/2023	(c) Date(s) Credit Card Issuer	[*] Paid					
PAYEE	(a) Payee name	l	(b) Payee address;	City, St	ate, Zip Code				
			701 East 11th Street						
	Sheraton Austin								
			Austin, TX 78701						
PURPOSE OF	(a) Category	(II)	(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Staff lodging while attend	event at the Capito	I				
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)		
Sch: 29/44 Rpt: 56/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	 \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$2,574.97	09/29/2023					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code		
	Skateparks for Dall	as	2810 N. Church Street #53748 Wilmington, DE 19802				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	*	Donation				
X Political	Contributions/Donation	ons Made By er/Political Committee					
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$30.00	0.00 10/05/2023					
PAYEE (a) Payee name			(b) Payee address;	City, State,	Zip Code		
	Skateparks for Dallas		6904 Bob O Link Dr				
			Dallas, TX 75214				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Member shirt in support of Oak Cliff Skatepark				
X Political	Contributions/Donation Candidate/Officeholde	er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$408.94	07/11/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Couthwest Airlines		2702 Love Field Drive				
	Southwest Airlines						
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	sinform to attained be and made	-ti		
X Political	Travel Out of District	or the contoactor	Tulane Law School	airfare to attend board mee	eting at		
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 30/44 Rpt: 57/76	Anchia, Rafael M. (The Honorable)		00054808					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRE CARD	 \$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	\$398.96	07/15/2023							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Southwest Airlines		2702 Love Field Drive						
			Dallas, TX 75235						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Travel Out of District	or this scriedule)	Board of Latino Legisla	o airfare to attend meeting of the ative Leaders					
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	\$83.98	08/08/2023							
PAYEE (a) Payee name		•	(b) Payee address;	City, State, Zip Code					
	Southwest Airlines		2702 Love Field Drive						
			Dallas, TX 75235						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder's airfare to attend MALC meeting in San						
X Political	Traver Out of District		Antonio						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	\$297.97	09/13/2023							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
			2702 Love Field Drive						
	Southwest Airlines								
			Dallas, TX 75235						
PURPOSE OF	(a) Category	-f.4b-illl)	(b) Description						
EXPENDITURE 	(See Categories listed at the top Transportation Equipm	•	Officeholder's roundtrip	airfare to Austin					
X Political	Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 31/44 Rpt: 58/76	Anchia, Rafael M. (The Honorable)			00054808				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$8.12	09/21/2023							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Sweetwaters			12th Street					
	() 2 :		Austin, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Staff meal						
X Political	Food/Beverage Expe		Stan mean						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct					Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$47.36	09/21/2023							
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
			316 West	12th Street					
			Austin, TX	78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript						
X Political	Food/Beverage Expe		Staff meal						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$34.43	10/16/2023							
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	0		316 West	12th Street					
	Sweetwaters								
			Austin, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript						
	Food/Beverage Expe		Staff meal						
X Political									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Onicendide//Foliaca		ruction Guide explains hov	v to complete this form.		TIEN (enter a cate	gory not noted an	bove)	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)	
Sch: 32/44 Rpt: 59/76	Anchia, Rafael M. (The Honorable)			00054808			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	\$58.85	10/19/2023						
7 PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
	Sweetwaters		316 West 12th St	treet				
			Austin, TX 78701	L				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff meal					
X Political	T Ood/Deverage Exper	nsc						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, o	officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	\$18.31	10/23/2023						
PAYEE	(a) Payee name	L	(b) Payee address;		City,	State,	Zip Code	
	Sweetwaters		316 West 12th St	treet				
			Austin, TX 78701	L				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Staff meal					
X Political	Food/Beverage Expe	1156						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, o	officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	\$19.61	10/25/2023						
PAYEE	(a) Payee name	I	(b) Payee address;		City,	State,	Zip Code	
			316 West 12th St		•		·	
	Sweetwaters							
			Austin, TX 78701	L				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Staff meal					
X Political	Food/Beverage Exper	1156						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, o	officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete th	nis form.	(9	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 33/44 Rpt: 60/76	Anchia, Rafael M. (The Honorable)			00054808		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$33.71	11/17/2023					
7	PAYEE	(a) Payee name Sweetwaters		(b) Payee a 316 West	ddress; 12th Street	City,	State,	Zip Code
L				Austin, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript				
		Food/Beverage Exper		Staff meal				
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$77.86	07/14/2023					
	PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code
		Texaco Express		2422 Valv	ood Pkwy			
l				Farmers E	Branch, TX 7523	34		
	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Fuel for truck for community event				
	Non-Political		of Texas. Complete Schedule T.	Г	Check if Austin TX	officeholder living ex	(nense	
⊢	Complete ONLY if direct	Candidate/Officeholder	•	e sought		Office held		
e	expenditure to benefit C/OH			J				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$81.51	07/24/2023					
	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
l				2422 Valv	ood Pkwy			
l		Texaco Express						
l				Farmers E	Branch, TX 7523	34		
	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	•	Fuel for tri	uck for commun	ity event		
	X Political	Expense	nent & related					
	Non-Political	⊢	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living ex	rpense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held		
-								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	G	THEN (enter a category not listed ab	iove)		
1 Total pages Schedule F4:	: 2 FILER NAME			3 Filer ID (Ethics Commiss	ion Filers)		
Sch: 34/44 Rpt: 61/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$36.39	10/03/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Texaco Express		2422 Valwood Pkwy				
			Farmers Branch, TX 7523	34			
8 PURPOSE OF	(a) Category	-f.4b-illl)	(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Fuel for truck for commun	nity event			
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$30.00	10/21/2023					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code		
	Texaco Express		2422 Valwood Pkwy				
			Farmers Branch, TX 75244				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Fuel for rental truck for community event				
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$60.82	12/01/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Texaco Express		2422 Valwood Pkwy				
			Farmers Branch, TX 7523	24			
PURPOSE OF	(a) Category		(b) Description) 			
EXPENDITURE	(See Categories listed at the top	,	Fuel for staff's roundtrip to	ransportation to Austin			
X Political	Transportation Equipr Expense	ment & Related	·	·			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica			aries/Wages/Contract Labor	OTHER (enter a cate	gory not listed at	oove)
		ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (Et 00054808	thics Commiss	sion Filers)
Sch: 35/44 Rpt: 62/76	Anchia, Rafael M. (The Honorable)					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$1,000.00	09/12/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Texas Organizing F	Project	3910 Gaston Ave.			
		•	Suite 250			
	(a) Cataman		Dallas, TX 75246			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Contributions/Donatio		Donation			
X Political	Candidate/Officeholde	er/Political Committee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 7	ΓX, officeholder living ε	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$330.00	09/08/2023				
	,,,,,,,,,					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			919 Congress			
	Texas Tribune					
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Registration for staff member to attend Texas Tribune			
X Political	1 663		Festival			
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		ΓX, officeholder living ε	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$27.91	07/10/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1515 3rd Street	3 ·	,	
	Uber					
			San Francisco, CA 9415	58		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Chief of Staff transporta	tion to attend N	NALEO	
X Political	Transportation Equipr Expense	ment & Related	'			
Non-Political	(c) X Check if travel outside	of Tayas, Complete Schodule T	Chock if Austin 3	ΓX, officeholder living ε	avnense	
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	-vheiise	
expenditure to benefit C/OH	Sandado Omocnoluci		o oodgiit	Since field		
The state of the s						
i						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 36/44 Rpt: 63/76	Anchia, Rafael M. (The Honorable)			00054808		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$27.91	07/11/2023					
7 PAYEE	(a) Payee name	(a) Payee name (b) Payee address;			City,	State,	Zip Code
	Uber		1515 3rd S	Street			
			San Franc	isco, CA 94158			
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Transportation Equipment & Related Expense Chief of Staff transportation			on to attend NA	(LEO		
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$95.93 07/13/2023						
PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Uber		1515 3rd S	Street			
			San Francisco, CA 94158				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Chief of Staff transportation to airport				
X Political	Expense	none a related					
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$17.06	07/13/2023					
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
			1515 3rd S		•		·
	Uber						
			San Franc	isco, CA 94158			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	•	Staff's tran	sportation to pi	ck up truck for	commun	ity event
X Political	Transportation Equipr Expense	HEHL & REIGIEU					
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u>'</u> г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 37/44 Rpt: 64/76	Anchia, Rafael M. (The Honorable)			00054808			
4 CREDIT CARD ISSUER	·	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$35.91	07/14/2023					
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1515 3rd Street	City, State, Zip Code			
			San Francisco, CA 94158				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description				
EXPENDITURE X Political	Transportation Equipr Expense	· · · · · · · · · · · · · · · · · · ·	Staff's transportation to br	reak down community event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$22.92	07/21/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1515 3rd Street				
			San Francisco, CA 94158				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Transport of student award recipient from ceremony				
X Political	Expense	none a related					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$27.46	07/24/2023					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Uber		1515 3rd Street				
			San Francisco, CA 94158	•			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Staff's transportation to re	turn rental truck			
X Political	Transportation Equipr Expense	ment & Related					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 38/44 Rpt: 65/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$7.91	08/09/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1515 3rd Street				
	Obei		San Francisco, CA 9415	8			
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description				
EXPENDITURE X Political		(See Categories listed at the top of this schedule) Transportation Equipment & Related Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			er Paid			
	\$38.73						
PAYEE (a) Payee name (b) Payee addre		(b) Payee address;	City, State, Zip Code				
	Uber		1515 3rd Street				
			San Francisco, CA 94158				
PURPOSE OF	(a) Category	of this calculate	(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Transportation to attend meeting of the Board of Latino Legislative Leaders				
X Political	Expense		Legislative Leaders				
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$38.84	08/11/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Libor		1515 3rd Street				
	Uber						
			San Francisco, CA 9415	8			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	masting of the Doord of Lating			
	Transportation Equip	*	Legislative Leaders	meeting of the Board of Latino			
X Political	Expense						
Non-Political	(c) X Check if travel outside		—	C, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
experience to benefit C/OH							
I							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The mat	ruction Guide explains now	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 39/44 Rpt: 66/76	Anchia, Rafael M. (The Honorable)		00054808		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$16.93	08/11/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Uber		1515 3rd Street			
			San Francisco, CA 94158	8		
8 PURPOSE OF	(a) Category	-f. Abrica - ale - ale da)	(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equip Expense		Transportation to attend Legislative Leaders	meeting of the Board of Latino		
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$43.63	08/12/2023				
PAYEE	(a) Payee name (b) Payee address;		City, State, Zip Code			
	Uber		1515 3rd Street			
			San Francisco, CA 94158	8		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipm Expense		Transportation to attend meeting of the Board of Latino Legislative Leaders			
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$19.69	08/12/2023				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			1515 3rd Street			
	Uber					
			San Francisco, CA 94158	8		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Transportation Equip			meeting of the Board of Latino		
X Political	Expense		Legislative Leaders			
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

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

Candidate/Officeholder/Politica	-	ices Sal ruction Guide explains how		FHER (enter a category not listed above)
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)			
Sch: 40/44 Rpt: 67/76	Anchia, Rafael M. (The Honorable)		00054808
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid
	\$18.99	08/13/2023		
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1515 3rd Street	City, State, Zip Code
			San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description	
X Political	Transportation Equipr Expense	,	Transportation to attend m Legislative Leaders	neeting of the Board of Latino
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid
	\$14.90	08/13/2023		
PAYEE (a) Payee name (b)		(b) Payee address;	City, State, Zip Code	
	Uber		1515 3rd Street	
			San Francisco, CA 94158	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Transportation to attend m Legislative Leaders	neeting of the Board of Latino
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid
	\$43.86	08/29/2023		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Uber		1515 3rd Street	
			San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Roundtrip transportation to	
X Political	Transportation Equipr Expense	ment & Related	Trounding transportation to	o meet with a constituent
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
experientale to beliefft C/OH				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	is form.			,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		sion Filers)
Sch: 41/44 Rpt: 68/76	Anchia, Rafael M. (The Honorable)			00054808		
4 CREDIT CARD ISSUER	Name of final	Name of financial institution 5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD			\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$45.55	09/22/2023					
7 PAYEE	(a) Payee name (b) Payee address;		City,	State,	Zip Code		
	Uber		1515 3rd S	Street			
			San Franci	isco, CA 94158			
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Officeholde	er's transportati	on from airport		
X Political	Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$30.97	10/08/2023					
PAYEE (a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	Uber		1515 3rd S	Street			
			San Francisco, CA 94158				
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Staff's transportation to an event				
X Political	Expense	nent & related					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$48.24	10/15/2023					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
			1515 3rd S	Street			
	Uber						
			San Franci	isco, CA 94158			
PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr	*	Officeholde	er's transportati	on from airport t	o hotel	
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME					
Sch: 42/44 Rpt: 69/76	Anchia, Rafael M. (The Honorable)		00054808		
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$		
6 PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer P \$12.19 10/16/2023				
	\$12.19					
7 PAYEE	(a) Payee name	(a) Payee name (b) Payee address;				
	Uber		1515 3rd Street			
			San Francisco, CA 94158	3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description			
X Political	Transportation Equipments		Officeholder's transportat	ion from hotel to Capitol		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			er Paid		
	\$57.45					
PAYEE (a) Payee name (b) Payee addres			(b) Payee address;	City, State, Zip Code		
	Uber		1515 3rd Street			
			San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Transportation Equip		Officeholder's transportation from airport to hotel			
X Political	Expense					
Non-Political	`	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$31.20	10/26/2023				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Uber		1515 3rd Street			
	Obei		San Francisco, CA 94158	3		
PURPOSE OF	(a) Category	-# 4bibdul-)	(b) Description			
EXPENDITURE	(See Categories listed at the top Transportation Equip	*	Officeholder's transportat	ion from airport to home		
X Political	Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME						
Sch: 43/44 Rpt: 70/76	Anchia, Rafael M. (The Honorable)		00054808			
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$			
6 PAYMENT	(a) Amount Charged	a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer P					
	\$12.94	12/01/2023					
7 PAYEE	(a) Payee name	(a) Payee name (b) Payee address;					
	Uber		1515 3rd Street				
	Obei		San Francisco, CA 94158				
8 PURPOSE OF	(a) Category	of this cohodulo)	(b) Description				
EXPENDITURE X Political	1 .	(See Categories listed at the top of this schedule) Transportation Equipment & Related Expense Officeholder's transportation					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card			(c) Date(s) Credit Card Issue	r Paid			
	\$216.50 09/20/2023						
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code			
	United Cleaning & I	Emergency	P.O. Box 1625				
			Hurst, TX 76053				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Cleaning carnet at District Office				
l <u> </u>	Office Overhead/Rent		Cleaning carpet at District Office				
X Political							
Non-Political	· · · —	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$1,000.00	10/13/2023					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	United Jewish Fede	eration of NV	P.O. Box 4227				
	Officed Jewish Fede	eration of in i	New York, NY 10261				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	· ·	Contribution				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 44/44 Rpt: 71/76	Anchia, Rafael M. (The Honorable)			00054808			
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Pa		r Paid				
		\$388.00	\$388.00 08/31/2023						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		USPS		515 Cen	tre St				
L				Dallas, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descri					
	_	Fees	of this schedule)	Annual r	ental of post offic	e box			
	X Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
\vdash	expenditure to benefit C/OH	(a) Amount Chaused	(h) Data of Chause	(a) Data(a)	Cuadit Cand Issue	- Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Pala			
		\$55.10	11/16/2023						
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		USPS			Underground Dr				
		0313		Pillar #210					
L	DUDDOOT 05	(a) Cataman		Kansas City, MO 64144 (b) Description					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Postage	puon				
	X Political	Office Overhead/Ren	tal Expense	1 Ostage					
	Non-Political	() [1					
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense te sought Office held					
۱,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onc	e sought		Office field			
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$440.58	10/10/2023		,				
		Ψ++0.50	10/10/2023						
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				710 E. B	en White Blvd				
		Walmart							
				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri					
		Office Overhead/Ren	,	I v for C	apitol office				
	X Political								
$ldsymbol{f eta}$	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	a accordan	Check if Austin, TX,	officeholder living exp	ense		
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
Ľ	spenditure to benefit C/OH								

The Inst	ruction G	Guide explains	1 Total pages Schedule T Sch: 1/5 Rpt: 72/76	- :		
2 FILER NAME Anchia, Rafael I	M. (The Ho	norable)			3 Filer ID (Ethics Co 00054808	mmission Filers)
			unization / Dladgar /Days	20		
Delta Airlines	tor / Corpora	ation of Labor Orga	nization / Pledgor /Paye	ee		
5 Contribution / Exp	enditure rep	orted on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
6 Dates of Travel		of person(s) travelir Tannya	ng			
07/40/0000		ure city or name of	departure location			
07/10/2023	AUS					
	9 Destina	ation city or name o	f destination location			
07/10/2023	NYC					
10 Means of transpor	rtation	11 Purpose of trav	vel (including name of c	onference, seminar, or	other event)	
Commercial Airı	olane	Attend NALE	0			
Name of Contribu	tor / Corpora	ation or Labor Orga	nization / Pledgor /Paye	ee		
Southwest Airlin		· ·	,			
Contribution / Exp	enditure rep	orted on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	ш	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Scriedule F2	. L	ochedule F4	Scriedule G	Scriedule H	Scriedule CON-OC	
Dates of Travel		of person(s) travelin	ng			
	Anchia	a, Rafael				
	Departi	ure city or name of	departure location			
08/01/2023	DAL					
	Destina	ation city or name o	f destination location			
08/01/2023	Chicaç	go				
Means of transpor	rtation	Purpose of trav	vel (including name of c	onference, seminar, or	other event)	
Commercial Air	olane	Attend Meeti	ng of the Board of La	tino Legislative Lead	lers	
Name of Contribu	tor / Corpora	ation or Labor Orga	ınization / Pledgor /Paye	ee		
Southwest Airlin	•					
Contribution / Exp		orted on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	느	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Scriedule F2	<u>, Ľ</u>	ochedule F4	Scriedule G	Scriedule H		
Dates of Travel		of person(s) travelin	ng			
	Anchia	a, Rafael				
	Departi	ure city or name of	departure location			
10/19/2023	DAL					
	Destina	ation city or name o	f destination location			
10/19/2023	NOLA					
Means of transpor	rtation	Purpose of trav	vel (including name of c	onference, seminar, or	other event)	
Commercial Air		-	e Law Board Meeting		•	
		<u> </u>				

4 Name of Contribut Uber	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee					
5 Contribution / Eyne	anditura rar	oorted on:							
	enditure reported on:								
Schedule A2	ш	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name	7 Name of person(s) traveling							
	l Anchia	Anchia, Rafael							
00/44/0000	8 Departure city or name of departure location								
08/11/2023	СНІ								
	9 Destina	ation city or name	of destination location						
08/11/2023	СНІ								
10 Means of transpor	tation	11 Purpose of tra	avel (including name of o	conference, seminar, or	other event)				
Commercial Auto	omobile	Attend meet	ing of the Board of La	atino Legislative Lead	ers				
		<u> </u>							
	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee					
Uber									
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	$\overline{\mathbf{x}}$:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Nome	of norcon(c) traval	ina						
Dates of Travel	Name of person(s) traveling Anchia, Rafael								
	Anchia	a, Raiaei							
	Depart	ure city or name o	f departure location						
08/11/2023	СНІ								
	Destina	ation city or name	of destination location						
08/11/2023	CHI								
Means of transpor	<u>I</u> tation	Purpose of tra	evel (including name of o	conference, seminar, or	other event)				
Commercial Auto		1		atino Legislative Lead					
Commorbial / tats		7 KEONG MOOK							
Name of Contribut	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee					
Uber									
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
				Concadie 11					
Dates of Travel	Name of person(s) traveling								
	Anchia	a, Rafael							
	Depart	ure city or name o	f departure location						
08/11/2023									
	Destination city or name of destination location								
08/11/2023	CHI	action only of marite	or dodination location						
	<u> </u>								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Automobile Attend meeting of the Board of Latino Legislative Leaders									

4 Name of Contribut Uber	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee					
5 Contribution / Eyne	anditura rar	oorted on:							
	enditure reported on:								
Schedule A2	ш	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name	7 Name of person(s) traveling							
	l Anchia	Anchia, Rafael							
00/44/0000	8 Departure city or name of departure location								
08/11/2023	СНІ								
	9 Destina	ation city or name	of destination location						
08/11/2023	СНІ								
10 Means of transpor	tation	11 Purpose of tra	avel (including name of o	conference, seminar, or	other event)				
Commercial Auto	omobile	Attend meet	ing of the Board of La	atino Legislative Lead	ers				
		<u> </u>							
	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee					
Uber									
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	$\overline{\mathbf{x}}$:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Nome	of norcon(c) traval	ina						
Dates of Travel	Name of person(s) traveling Anchia, Rafael								
	Anchia	a, Raiaei							
	Depart	ure city or name o	f departure location						
08/11/2023	СНІ								
	Destina	ation city or name	of destination location						
08/11/2023	CHI								
Means of transpor	<u>I</u> tation	Purpose of tra	evel (including name of o	conference, seminar, or	other event)				
Commercial Auto		1		atino Legislative Lead					
Commorbial / tats		7 KEONG MOOK							
Name of Contribut	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee					
Uber									
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
				Concadie 11					
Dates of Travel	Name of person(s) traveling								
	Anchia	a, Rafael							
	Depart	ure city or name o	f departure location						
08/11/2023									
	Destination city or name of destination location								
08/11/2023	CHI	action only of marite	or dodination location						
	<u> </u>								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Automobile Attend meeting of the Board of Latino Legislative Leaders									

4 Name of Contribut Uber	or / Corpora	ation or Labor Orga	anization / Pledgor /Pay	ee					
5 Contribution / Eyn	ondituro ror	orted on:							
	enditure reported on:								
Schedule A2	ш	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name	7 Name of person(s) traveling							
	l Anchia	Anchia, Rafael							
00/44/0000	8 Departure city or name of departure location								
08/11/2023	СНІ								
	9 Destina	ation city or name	of destination location						
08/11/2023	СНІ								
10 Means of transpor	tation	11 Purpose of tra	vel (including name of c	conference, seminar, or	other event)				
Commercial Aut	omobile	Attend meet	ing of the Board of La	atino Legislative Lead	ers				
	or / Corpora	ation or Labor Orga	anization / Pledgor /Pay	ee					
Uber									
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	$\overline{\mathbf{x}}$:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Nome	of norcon(c) travali	ing.		—				
Dales of Travel	Name of person(s) traveling Oliva, Tannya								
	Oliva,	rannya							
	Depart	ure city or name of	f departure location						
07/10/2023	NYC								
	Destina	ation city or name	of destination location						
07/10/2023	NYC								
Means of transpor	<u>I</u> tation	Purpose of tra	vel (including name of o	conference, seminar, or	other event)				
Commercial Aut		Attend NALE		ormoromoo, oommar, or	outer eventy				
Commercial / tal	Official	7 (tieria 14) (E							
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Pay	ee					
Uber									
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
				Scricuale 11	Generalic Golf Ge				
Dates of Travel	Name of person(s) traveling								
	Oliva,	Tannya							
	Depart	ure city or name of	departure location						
07/10/2023									
	Destination city or name of destination location								
07/10/2023	NYC	ation city of flame	or destination location						
	<u> </u>	,							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Automobile Attend NALEO									
		-							

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 X Schedule F4 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel Name of person(s) traveling Oliva, Tannya 8 Departure city or name of departure location 07/11/2023 Destination city or name of destination location 07/11/2023 NYC 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Automobile Attend NALEO