#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088093 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Andrea NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Zepeda CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 920666 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77292 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jerry NAME NICKNAME LAST **SUFFIX** Benoit STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 920666 **ADDRESS** (Residence or Business) Houston, TX 77292 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 346-4042 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 125

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Zepeda, Andrea (Ms.		<b>14</b> Filer ID (00088093	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00					
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 1,700.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLIT	CAL EXPENDITURES		<b>\$</b> 7,952.82					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 198.55					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 8,750.00					
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		Ms.	Andrea Zepeda						
		Signature of	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
		aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath					

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

			<u> </u>	JVLK	3 of 14
	ER NAM	(Ethics	Commission Filers)		
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,700.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	2,750.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	7,464.66	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	488.16
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/14
2	FILER NAME Zepeda, And	drea (Ms.)			3	Filer ID (Ethics Commission Filers) 00088093
4	Date 02/08/2024	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00	
		Lafayette, LA 70506				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's e Retired	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
01/26/2024 Gamez, Jesus  Contributor address; City; State; Zip Code						\$200.00
		Houston, TX 77433				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	02/05/2024	Garibaldi, Chris				\$300.00
		Contributor address; City;  Houston, TX 77027	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Teacher			Teacher		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Houston ISD	)				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CO	SCHEDULE A	\(J)1	
	The Instru	ction Guide explains how to	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/14		
2	FILER NAME		3 Filer ID (Ethics Commission	n Filers)	
	Zepeda, An	drea (Ms.)	00088093		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		
	02/06/2024	Heckman, Brian			\$100.00
		6 Contributor address; City; State  Murfreesboro, TN 37128			
0	Contributor's	Principal Occupation	9 Contributor's Job	Title	
8	Health Care		Supplier Agreer		
		<u> </u>			
10		employer/law firm	11 Law firm of contril	butor's spouse (if any)	
		Medical Center			
12	If contributor i	is a child, law firm of parent(s) (if any			
	Date	Full name of contributor	out-of-state PAC (ID#:	) Amount of Contribution (\$)	
	01/26/2024	Valverde, Soren			\$100.00
		Contributor address; City; State			
			•		
		Houston, TX 77099			
	Contributor's	I Principal Occupation	Contributor's Job		
	Graphic Des		Graphic Design		
		employer/law firm		butor's spouse (if any)	
	M3 Grpahics		Law IIIII or contain	outer a spease (ii arry)	
		is a child, law firm of parent(s) (if any)			
	ii continuator	is a criliu, law littii or parerii(s) (ii arry,	1		

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.		ges Schedule E(J): 2 Rpt: 6/14		
2	FILER NAME Zepeda, Andrea	(Ms.)		3 Filer ID 000880	(Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS			\$		
5	Date of loan 02/06/2024	7 Name of lender out-of-state PAZepeda, Andrea	C (ID#:	)	9 Loan Amount (\$) \$1,000.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Houston, TX 77009			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	If lender is child, la	w firm of parent(s) (if any)	L				
17	Description of Coll  X None	ateral	18 Check if personal funds were deposited into political account  (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)				
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code				
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)					

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this 1	orm.	1	iges Schedule E(J): 2 Rpt: 7/14		
2	FILER NAME Zepeda, Andrea	(Ms.)		3 Filer ID 000880	(Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS			\$		
5	Date of loan 02/16/2024	7 Name of lender out-of-state PAZepeda, Andrea	.C (ID#:	)	9 Loan Amount (\$) \$1,750.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Houston, TX 77009			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	If lender is child, la	w firm of parent(s) (if any)	L				
17	Description of Coll  X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)				
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code				
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)					

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 8/14	Zepeda, Andrea (Ms.) 00088093
4	Date	5 Payee name
	02/13/2024	Anderson, Terry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	7034 Tierwater St
		Houston, TX 77021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/18/2024	Payee name Baytown Dems
		-
	Amount (\$) \$120.00	
	\$120.00	111 Cedar Bayou Rd
		Dec. 4-10-17 77500
		Baytown, TX 77520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/26/2024	Black American Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5300 Griggs Rd
		Houston, TX 77021
	PURPOSE	Houston, TX 77021  (a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
		(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Fees
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Fees  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Fees  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Fees  Candidate/Officeholder name  Office sought  Office held

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 9/14	Zepeda, Andrea (Ms.) 00088093
4	Date	5 Payee name
	02/09/2024	Kingdom Builder's Cathedral
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	6011 W Orem Dr
		Houston, TX 77085
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$234.36	11730 Wilcrest Dr
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Printing expense
		Finding expense
	Complete ONLY if direct	Condidate/Office helder name Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	02/20/2024	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.68	11730 Wilcrest Dr
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Signs and pushcards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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

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

	Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 10/14	Zepeda, Andrea (Ms.)	00088093
4	Date	5 Payee name	
	01/26/2024	Memorial Trail Ice House	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.99	6202 Washington Ave	
		Houston, TX 77007	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	1 dourbeverage Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
			everage Event
			-
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/08/2024	Raise the Money Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.25	PO Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ion
	OF EXPENDITURE	1 003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
			card fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/08/2024	Raise the Money Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.15	PO Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ion
	OF EXPENDITURE	1003	if travel outside of Texas. Complete Schedule T.
		,	if Austin, TX, officeholder living expense card fees
		Credit	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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	I Committee	Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		pense ages/	Contract Labor		Travel in District Travel Out of District OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:								Filer ID	(Ethics Commission Filers)
L	Sch: 4/6 Rpt: 11/14	Zepe	da, Andrea (Ms.)						00088093	
4	Date	<b>5</b> Payee	name							
	01/30/2024	Raise	the Money Inc							
6	Amount (\$)	<b>7</b> Payee	address; City;	State;	Zip Co	de				
	\$10.05	РО В	ox 26466							
		Little	Rock, AR 72221							
8	PURPOSE	(a) Categ	Ory (See Categories listed at th	e top of this sched	dule)	(b)	Description			
	OF EXPENDITURE	Fees		•	ĺ		<b>-</b>		de of Texas. Compl	
	_/						<b>—</b>		officeholder living	expense
							Credit Card F	ee:	5	
_	Complete ONLY if direct	Candid	ato/Officobolder name	<u> </u>	ffice soud	aht			Office hel	d
9	Complete ONLY if direct expenditure to benefit C/Oh		ate/Officeholder name		mice sou(	ynt 			Office net	u
	Date	Payee	name							
	02/13/2024	Ratliff	f, Joe (Rev.)							
	Amount (\$)	Payee	address; City;	State;	Zip Co	de				
	\$40.00	13033	13033 Landmark							
		Hous	ton, TX 77045							
	PURPOSE	(a) Categ	Ory (See Categories listed at th	e top of this sched	dule)	(b)	Description			
	OF EXPENDITURE	Contr	ibutions/Donations Ma	de By			<u> </u>		de of Texas. Compl	
	LA LIBITORE	Cand	idate/Officeholder/Polit	tical Commit	ttee		ш	TX,	officeholder living e	expense
							Donation			
L	Complete ONLY if direct	Candid	ato/Officobolder name	<u> </u>	ffice com	aht			Office hel	d
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	Oī	ffice sou	ynı			Office net	u
	Dete	_								
	Date	·	name							
	01/29/2024		erford, Danny							
	Amount (\$)		address; City;	State;	Zip Co	de				
	\$2,500.00	5763	Flamingo Dr							
		Hous	ton, TX 77033							
	PURPOSE		Ory (See Categories listed at th	e ton of this cohe	dule)	(b)	Description			
	OF		ulting Expense	e top or this sched	uule)	(-,		outsio	de of Texas. Compl	lete Schedule T.
	EXPENDITURE		5 P				_		officeholder living e	expense
							Consulting Fe	es		
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	Of	ffice sou	ght			Office hel	d
	onponditure to belieff 6/01	•								

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials Indicated Contributions/ Contributi

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 12/14	Zepeda, Andrea (Ms.) 00088093
4	Date	5 Payee name
	01/29/2024	Rutherford, Danny
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	5763 Flamingo Dr
		Houston, TX 77033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting Fees
		Consulting 1 ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	02/20/2024	Rutherford, Danny
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	5763 Flamingo Dr
		Houston, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting fees
		Consulting lees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/22/2024	Payee name
		SquareSpace Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	Eight Clarkson Street
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hosting Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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/Political Credit Card Payment			nmittee	Food/Beverage Exp Gift/Awards/Memori Legal Services	als Expense	Polling Expense Printing Expens Salaries/Wages	e /Contract Labor		Travel in Distric		·
	Gredit Cara r dyment			The Instruction	Guide explains	how to comple	ete this form.				
1	Total pages Schedule F1: Sch: 6/6 Rpt: 13/14	ı	FILER NAME Zepeda, An					3	Filer ID 00088093	(Ethics Commiss	sion Filers)
4	Date							<u> </u>			
4	02/12/2024		Payee name Waterway L								
6	Amount (\$) \$10.00	ı	Payee addre 21 Waterwa	-	State;	Zip Code					
		├		ands, TX 7738		las					
8	PURPOSE OF EXPENDITURE		Category <sub>(S</sub> Event Expe	ee Categories listed INSE	at the top of this sch	edule) (b)	_		ide of Texas. Cor , officeholder livir	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	iceholder name	C	Office sought			Office h	eld	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 14/14 Zepeda, Andrea (Ms.) 00088093 Date Payee name 02/14/2024 **Baytown Dems** Amount (\$) Payee address; City; State; Zip Code \$40.00 111 Cedar Bayou Rd Reimbursement from political contributions intended Baytown, TX 77520 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Ticket to event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2024 M3 Graphics Amount (\$) Payee address; City; State; Zip Code \$448.16 11730 Wilcrest Dr Reimbursement from political contributions Χ Houston, TX 77099 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Sign and pushcards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH