# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commissi 00087760	ion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Mr.	E. Chevo			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	MCKNAWL	Pastrano		Jr.		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	PO Box 2587				Receipt #	Amount
Change of Address	Kyle, TX 78640					
	Nyle, 17. 70040				Date Processed	
					Date Imaged	
E CAMPAICN	MC / MDC / MD	FIDOT		N/I		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME		Shea Seale				
	NICKNAME	LAST		SUFFIX		
		Jones				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT /	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	PO Box 2587					
(Residence or Business)	Kyle, TX 78640					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(512) 468-4279					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam	unaian treasurer
		_ Sour day before	election	Lanon	appointment (office	eholder only)
	July 15	8th day before		exceeded modified	Final Report (Attac	ch C/OH-FR)
			16	eporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/05/2024	[X]Pi	rimary	Runoff	Other	
	03/03/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 45	
		CO T	O DACE 2			
		GO I	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Pastrano Jr., E. Chev	o (Mr.)	<b>14</b> Filer ID ( 00087760	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder'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 THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 2,295.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 86,872.50
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 54,217.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 109,168.15
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mr. E.	Chevo Pastrano Jr.	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify 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 COH **COVER SHEET PG 3**

					3 0f 22
18 FILER Pastra		<b>19</b> Filer ID 00087760	(Eth	nics Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,770.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	525.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X SCHEDULE E: LOANS				109,168.15
5.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	85,953.35	
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.	Χ	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	919.15
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					
			<u> </u>		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/22	
2	FILER NAME Pastrano Jr.	E. Chevo (Mr.)			3	Filer ID (Ethics Commission 00087760	n Filers)
4	Date 02/20/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	San Marcos, TX 78667 pation / Job title (See Instructions)		Employer (See Instructions	.)		
				2 Employer (See Instructions	') 		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:)  Barrera, Nelia  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Buda, TX 78610  Principal occupation / Job title (See Instructions)  Employer (See Instruction				<u> </u>		
		,			,		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:)  1/2024 Dobbins, Liz  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Not Employe	,		Not Employed			
Date Full name of contributor out-of-state PAC (ID#:)  02/12/2024 Flores, Suzie & Jimmy  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00		
Luling, TX 78648  Principal occupation / Job title (See Instructions)  Employer (See Instruction			Employer (See Instructions	5)			
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:)  Hawkins, Aundra  Contributor address; City; State; Zip Code  Kyle, TX 78640			Amount of Contribution (\$)	\$50.00	
Principal occupation / Job title (See Instructions)  Employer (See Instruction					<u>(</u>		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/22	
2	FILER NAME Pastrano Jr.,	E. Chevo (Mr.)			3	Filer ID (Ethics Commission 00087760	n Filers)
4	Date 02/11/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$100.00	
		Kyle, TX 78640	ļ				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/27/2024 Hipolito, Shawn  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00		
	Principal occu	Buda, TX 78610		Employer (See Instructions	-, 		
Principal occupation / Job title (See Instructions)  Employer (See Instruct  Kyrish				>)			
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$500.00	
		Kyle, TX 78640					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor  Jones, Matthew  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$25.00
		Employer (See Instructions Meritage Homes	<u> </u> s)				
	Date 02/24/2024				Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/22		
2	FILER NAME Pastrano Jr.,	E. Chevo (Mr.)				3	Filer ID (Ethics Commission 00087760	n Filers)
4	Date 02/14/2024	5 Full name of contributor Mann, Brandy	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$50.00
_	Daine in a la casa	Austin, TX 78749			Faralaca (Octobration			
8	HHSC	pation / Job title (See Instructions	)		Employer (See Instructions Attorney	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/07/2024 Resendez, Eugenio  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Pasadena, TX 77503					<u>_</u>		
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00		
		Austin, TX 78737						
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/28/2024 Tenorio, Daphne  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
			Employer (See Instructions Hays County	<u> </u> s)				
	Date O1/30/2024 Full name of contributor out-of-state PAC (ID#:) Tobias, Delores  Contributor address; City; State; Zip Code  Buda, TX 78610			Amount of Contribution (\$)	\$25.00			
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	s)		
			I					

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 4/4 Rpt: 7/22
2	FILER NAME Pastrano Jr., E. Chevo (Mr.)		Filer ID (Ethics Commission Filers) 00087760
4	Date 02/02/2024  5 Full name of contributor out-of-state PAC (ID#:) Torres, Juan  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$45.00
8	Kyle, TX 78640  Principal occupation / Job title (See Instructions)  Educator  Supply the following section of the company of	ns)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	ction Guide explains how to complete this 1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/22				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Pastrano Jr.	., E. Chevo (Mr.)		00087760			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$			
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution			
02/21/2024	Engels, Melanie		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$200.00 Food for Event			
	Austin, TX 78737-4584		Check if travel outside of Texas. Complete Schedule T.			
· '	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	•			
Customer S	·		orings - Ranch Park			
<b>12</b> Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
<b>16</b> If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution			
02/01/2024	Gregson, J. Scott		contribution (\$) description \$250.00 Rent Reduction			
	Contributor address; City; State; Zip Code		I			
			i			
	Con Margae, TV 70666		_			
Dringing agg	San Marcos, TX 78666  upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)			
Small Busin	,	Self	1-JUDICIAL) (See instructions)			
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor 3	principal occupation (i on oobloine)	Contributor 3 job title	(LOLOGO MENDER SELECTION CO. C.			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
			(i. a.i.y) (i. a.i.y)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
Date	Full name of contributor out-of-state PAC (ID#:	`	Amount of ! In-kind contribution			
02/21/2024	Unger, Angelica		contribution (\$) description			
0=,==,=0=	Contributor address; City; State; Zip Code		\$75.00 Event Food			
	Continuator address, City, State, 21p Code		i			
	Austin, TX 78737		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	•			
Business O	wner	Self				
Contributor's	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

LC	DANS			SCHEDULE E
The	e Instructio	on Guide explains how to complete th	nis form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 9/22
	ER NAME strano Jr., E.	Chevo (Mr.)		3 Filer ID (Ethics Commission Filers) 00087760
4 TO	TAL OF UN	IITEMIZED LOANS		\$
	e of loan 09/2024	7 Name of lender out-of-sta	ate PAC (ID#:	9 Loan Amount (\$) \$109,168.
6 Is le finar insti		8 Lender address; City; Sta	te; Zip Code	10 Interest Rate  11 Maturity Date
		Kyle, TX 78640		02/10/2025
	cipal occupation	on / Job title (See Instructions)	13 Employer (See Instruction Pastrano Law Firm	ctions)
	cription of Coll	ateral	15 Check if personal fund	ds were deposited into political account
	None		X	(See Instructions)
	ARANTOR ORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
X	not applicable	18 Guarantor address; City; Sta	ıte; Zip Code	
<b>20</b> Prin	cipal occupatio	on	21 Employer (See Instruc	ctions)

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	strict category not listed above)
┢	Total names Cabadula F1.	2 FILED NAME	٦,	Files ID	(Ethias Cammissian Filare)
_	Total pages Schedule F1: Sch: 1/9 Rpt: 10/22	Pastrano Jr., E. Chevo (Mr.)	3	Filer ID 00087760	(Ethics Commission Filers)
4	Date	5 Payee name			
-					
	02/24/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$44.28	PO Box 441146			
l					
l					
		Somervillle, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF	, , ,	avel outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		ustin, TX	, officeholder living	g expense
l		Credit Car	d Pro	cessing	
l				3	
Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experiulture to beliefit C/Oi	1			
	Date	Payee name			
l	02/13/2024	Check Mark			
L					
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$38.97	3217 N. IH 35			
l					
l		Aughin TV 70700			
L		Austin, TX 78722			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF		avel outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		ustin, TX	, officeholder living	gexpense
l		Name Bac	lges		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI			000	
┕					
	Date	Payee name			
	01/29/2024	Gonzales, Kenith			
Н	Amount (\$)	Payee address; City; State; Zip Code			
l	\$1,500.00	9301 Oak Hills Dr.			
l	\$1,500.00	9301 Oak Hills DI.			
l					
		Temple, TX 76502			
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF	, , , , , , , , , , , , , , , , , , ,		ide of Texas. Com	inlata Schadula T
l	EXPENDITURE			, officeholder living	
l		Field Cons			у схрепас
		Field Colls	ouitii i y	1	
L					
l	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
1	expenditure to benefit C/OI	1			
一					
l					
L					

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 11/22	Pastrano Jr., E. Chevo (Mr.)	00087760
4	Date	5 Payee name	
	01/30/2024	Gonzales, Kenith	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	9301 Oak Hills Dr.	
		Temple, TX 76502	
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulaing Expense	Check if Austin, TX, officeholder living expense
			Field Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/23/2024	Gonzales, Kenith	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,500.00	9301 Oak Hills Dr.	
		Temple, TX 76502	
	PURPOSE	· ·	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulaing Expense	Check if Austin, TX, officeholder living expense
			Fleld Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/31/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.70	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Website Hosting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 12/22	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	02/12/2024	Hays County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	215 W. San Antonio St.
		San Marcos, TX 78666
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Newspaper Ad
		νενσραμεί Λα
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/22/2024	Kona Ice of New Braunfels
	Amount (\$)	Payee address; City; State; Zip Code
	\$476.30	1351 Weltner Road
		New Braunfels, TX 78130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food
		Food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/14/2024	Rush T-Shirt Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,037.03	9777 Harwin Dr. #501
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense  Tshirts
		1 SHIILS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 13/22	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	02/20/2024	Rush T-Shirt Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,037.03	9777 Harwin Dr. #501
		Houston, TX 77036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Tshirts
		1311116
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
		Payee name Tiffs Treats
	02/21/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	200 Springtown Way
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food
		1 000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Device same
	Date 02/20/2024	Payee name Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.80	500 Terry A. Francois Blvd., 6th Floor
		San Francisco, CA 94158
	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  Web Hosting
		vven nostilið
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.			
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)			
	Sch: 5/9 Rpt: 14/22	Pastrano Jr., E. Chevo (Mr.)		00087760			
4	Date	5 Payee name		•			
	02/08/2024	Worley Printing					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
l	\$151.55	3217 N. IH 35					
l							
		Austin, TX 78722					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense  Envelopes			
				Livelopes			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht	Office held			
ľ	expenditure to benefit C/OI		·9	Cinds hold			
H	Date	Payee name					
l	02/21/2024	Y Strategy					
⊢	Amount (\$)	Payee address; City; State; Zip Co	nde				
l	\$1,213.43	3110 Manor Rd. Suite H	Juc				
	<b>\$1,210.10</b>	offe maner ran cane ri					
		Austin, TX 78723					
┝	PURPOSE		(h)	Paradation.			
l	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(0)	Description  Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Timing Expense		Check if Austin, TX, officeholder living expense			
		Cards					
L							
l	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held			
L	experience to benefit of or	·					
l	Date	Payee name					
	01/31/2024	Y Strategy					
l	Amount (\$)	Payee address; City; State; Zip Co	ode				
l	\$12,733.90	3110 Manor Rd. Suite H					
l							
		Austin, TX 78723					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
l				Canvassing			
l				ouaccg			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u>	Office held			
	expenditure to benefit C/O		-				
$\vdash$							

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	comp	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 15/22		Pastrano Jr., E. Chevo (Mr.)		00087760
4	Date	5	Payee name		<u> </u>
	01/31/2024		Y Strategy		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$1,860.05		3110 Manor Rd. Suite H		
			Austin, TX 78723		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Cards
9	Complete ONLY if direct	<u> </u>	candidate/Officeholder name Office s	ought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ougni	Office field
H	<u> </u>	_			
	Date	1	Payee name		
	01/31/2024	_	Y Strategy		
	Amount (\$)	ı	Payee address; City; State; Zip	Code	
	\$4,500.00		3110 Manor Rd. Suite H		
			Austin, TX 78723		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE		Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					campaign consulting
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/OI	Н			
Г	Date		Payee name		
	01/31/2024		Y Strategy		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$486.25		3110 Manor Rd. Suite H		
			Austin, TX 78723		
	PURPOSE		Category (See Categories listed at the top of this schedule)	(b	) Description
	OF		Printing Expense	`	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Cards
	Operation ON IV III	Ļ	and date (Office hadden as		000
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ought	t Office held
L					

### SCHEDULE F1

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

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

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

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

not listed above)
Commission Filers)
dule T.
dule T.
dule T.

### 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									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	,							
	Sch: 8/9 Rpt: 17/22	Pastrano Jr., E. Chevo (Mr.) 00087760								
4	Date	5 Payee name								
	02/09/2024	Y Strategy								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$8,772.98	3110 Manor Rd. Suite H								
		Austin, TX 78723								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Advertising Expense								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Direct Mail								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name								
	02/21/2024	Y Strategy								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$14,627.24	3110 Manor Rd. Suite H								
	<del>+</del> = ., <del>•=</del>									
		Austin, TX 78723								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Direct Mail								
		Birect Wali								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name								
	02/21/2024	Y Strategy								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$4,661.80	3110 Manor Rd. Suite H								
	Ψ4,001.00	OTTO Mailor Na. Gaile II								
		Austin, TX 78723								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Phonebanking								
		T Honesanking								
	Complete ONII V if direct	Condidate/Officeholder name Office county								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
•	Sch: 9/9 Rpt: 18/22	Pastrano Jr., E. Chevo (Mr.)  00087760	
4	Date	5 Payee name	
	02/21/2024	Y Strategy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12,165.21	3110 Manor Rd. Suite H	
		Austin, TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Canvassing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/21/2024	Y Strategy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,624.83	3110 Manor Rd. Suite H	
	• •		
		Austin, TX 78723	
	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	
		Texting	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Payeo namo	=
	02/21/2024	Payee name Y Strategy	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,500.00	3110 Manor Rd. Suite H	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	
		Check if Austin, TX, officeholder living expense	
		campaign consuting	
	Operation ONE V. C. F.	Out title to 10 ff a chalden a const	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	- Farmano to Sononi Oron		

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 19/22	Pastrano Jr., E. Chevo (Mr.)	00087760
┰	Date	5 Payee name	
	02/10/2024	Café on the Square	
Ļ			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.12	126 N. LBJ Dr.	
	Reimbursement from political contributions		
	intended	San Marcos, TX 78666	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Volunteer Food	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit	·	
$ldsymbol{ld}}}}}}$	C/OH		
	Date	Payee name	
	01/27/2024	Garcias	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.00	403 S. LBJ Dr.	
		100 0. 250 51.	
	Reimbursement from political contributions	0 - M TV 70000	
L	intended	San Marcos, TX 78666	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Volunteer Food	
L			
	•	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		
$\models$			
	Date	Payee name	
	02/03/2024	Herberts Tacos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.00	419 Riverside	
	Reimbursement from		
	political contributions intended	San Marcos, TX 78666	
$\vdash$	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Volunteer Food	-
		13.5.1.000	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit	variouale/Oniceriolaer flame Onice sought	Office field
	C/OH		

## 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor				Trave	Travel in District Travel Out of District OTHER (enter a category not listed above)		
	orean out a tyment		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAMI	≣			3 Filer	ID (Ethics Commission Filers)		
	Sch: 2/4 Rpt: 20/22	Pastrano J	r., E. Chevo (Mr.)			000	87760		
4	Date	5 Payee name				<u> </u>			
	02/13/2024	Industry							
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode				
	\$250.71	110 E. Mar	tin Luther King Dr.						
	Reimbursement from		· ·						
	political contributions intended	San Marco	s, TX 78666						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Check if	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Check if	Austin, TX, officeholder living expense		
	LAFENDITORE				Canvasser Meals	S			
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
	Date	Payee name							
	02/04/2024	T-Mobile							
_			Otata	. 7:- 0-	l -				
	Amount (\$)	Payee addre		; Zip Co	oae				
	\$56.25	PO Box 25	87						
	Reimbursement from political contributions								
	intended	Kyle, TX 78	3640						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Check if	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Over	head/Rental Expense			Check if	Austin, TX, officeholder living expense		
	ZA ZHOHOKZ				Phone				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
	Date	Payee name							
	02/06/2024	Texas Roa	d House						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode				
	\$130.96	1502 IH 35	South						
	Reimbursement from								
	political contributions intended	San Marco	s, TX 78666						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Check if	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Check if	Austin, TX, officeholder living expense		
	EXPENDITORE				Canvasser Meals	S			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit				ŭ				
	C/OH								

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Gui	•		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule G:	2	FILER NAME					3 Filer ID (Ethics Commission	on Filers)
	Sch: 3/4 Rpt: 21/22		Pastrano Jr	., E. Chevo (Mr.)				00087760	ŕ
4	Date	5	Payee name						
	02/06/2024		Texas Road	d House					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode		
	\$161.21		1502 IH 35	South					
	Reimbursement from political contributions intended		San Marcos	s, TX 78666					
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sch	edule)	(b) Description	Check if travel outside of Texas. Comple	ete Schedule T.
	OF EXPENDITURE	l	Food/Bever	age Expense			L	Check if Austin, TX, officeholder living ex	pense
		l					Canvasser Meals	S	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held	
	Date		Payee name						
	02/10/2024		The Coffee	Bar					
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode		
	\$16.67		142 N. LBJ	Dr					
	Reimbursement from								
	political contributions intended		San Marcos	s, TX 78666					
	PURPOSE		Category (s	ee Categories listed at the	top of this sch	edule)	Description [	Check if travel outside of Texas. Comple	ete Schedule T.
	OF EXPENDITURE	l	Food/Bever	age Expense				Check if Austin, TX, officeholder living ex	pense
	_,, _,,,,,,						Volunteer Food		
		Car	ndidate/Office	holder name			Office sought	Office held	
	expenditure to benefit C/OH								
F	Dete	_							
	Date	l	Payee name						
	02/06/2024	┖	Tiffs Treats						
	Amount (\$)		Payee addre		State;	Zip Co	ode		
	\$84.00		200 Springt	own Way					
	Reimbursement from political contributions intended		San Marcos	s, TX 78666					
	PURPOSE	Π	Category (s	ee Categories listed at the	top of this sch	edule)	Description	Check if travel outside of Texas. Comple	ete Schedule T.
	OF EXPENDITURE	l	Event Expe	nse				Check if Austin, TX, officeholder living ex	pense
	_,, _,,,,,,						Cookies for forur	n	
L									
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held	

#### 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 Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 22/22 Pastrano Jr., E. Chevo (Mr.) 00087760 Date Payee name 01/29/2024 Walmart Amount (\$) Payee address; City; State; Zip Code 1904 S. Colorado St. \$5.27 Reimbursement from political contributions intended Lockhart, TX 78644 **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 Office Overhead/Rental Expense **EXPENDITURE** Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/27/2024 Yellow Store Amount (\$) Payee address; City; State; Zip Code \$13.96 301 E. Hopkins Reimbursement from political contributions San Marcos, TX 78666 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 Office Overhead/Rental Expense **EXPENDITURE** Water for Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH