CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to comple | te this form. | 1 Filer ID (Ethics Commi 00080101 | , | 2 Total pages file | |
|-------------------------|------------------------------|-----------------|---|--------------------|--|--------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | 00000101 | MI | | |
| OFFICEHOLDER | The Honorable | Joseph Cole | | | OFFICE | ISE ONLY |
| NAME | The Honorable | Juseph Cole | | | Date Received | |
| | | | | | ELECTRONICA | LLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/15/2024 | |
| | | Hefner | | 0011.00 | | |
| | | Tienner | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / | SUITE #; CIT | Y; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 167 | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Mount Discount TV 75450 | | | | | |
| Change of Address | Mount Pleasant, TX 75456 | | | | Date Processed | • |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | Mr. | Richard W. | | | | |
| NAME | | | | | | |
| | | | | | | |
| | | LAST | | SUFFIX | | |
| | Ricky | Baker | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO I | BOX PLEASE); | AP | r / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER | 2900 I-30 East | | | | | |
| ADDRESS | | | | | | |
| (Residence or Business) | | | | | | |
| | Mt. Pleasant, TX 75455 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | E NUMBER E | EXTENSION | | | |
| PHONE | (903) 563-1994 | | | | | |
| | | | | | | |
| 8 REPORT | | - | _ | _ | - | |
| TYPE | January 15 | 30th day before | e election | Runoff | 15th day after can appointment (offic | |
| | X July 15 | 8th day before | | Exceeded modified | Final Report (Atta | |
| | | our day before | | reporting limit | | |
| | Marstle Davis Marst | | | Marsth Davi | | |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| OOVERED | 02/25/2024 | IF | IROUGH | 06/30/2024 | 4 | |
| | | i | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | P | rimary | Runoff | Other | |
| | 11/05/2024 | XG | eneral | Special | | |
| | | | | | | |
| | | | | 1 | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | State Representative Distri | ct 5 | | State Representa | ative District 5 | |
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| | | ~~ 7 | | | | |
| | | GOI | O PAGE 2 | | | |
| Forms provided by Te | exas Ethics Commission | www.et | hics.state.tx.u | S | Versi | on V3.5.1.9000c47f |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 57

| 13 C / OH NAME | Hefner, Joseph Cole | (The Honorable) | 14 Filer ID (E 00080101 | Ethics Commission Filers) |
|--|----------------------------------|---|--|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political exp These expenditures may have been made w I officeholders are required to report this info | vithout the candidate's or officel | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | X GENERAL | Texas Alliance for Life PAC | | |
| | | COMMITTEE ADDRESS | | |
| | | 8000 Centre Park Drive | | |
| | | Suite 380 | | |
| | | Austin, TX 78754 | | |
| | | COMMITTEE CAMPAIGN TREASURER N | AME | |
| | | Shaw, James | | |
| | | COMMITTEE CAMPAIGN TREASURER A | DDRESS | |
| | | 4505 Corazon Cv | | |
| | | Round Rock | | |
| | | TX, TX 78681 | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF | LOANS) | \$ 34,515.01 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 91,732.70 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF RIOD | THE LAST DAY OF THE | \$ 143,930.38 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD | NS AS OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | - |
| | | | penalty of perjury, that the acco udes all information required to Code. | |
| | | The F | Ionorable Joseph Cole Hefr | ner |
| | | Signa | ature of Candidate or Officehold | ler |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subso | cribed before me, by the sa | aid | , this the | day |
| | | ertify which, witness my hand and seal of offi | | |
| | | | | |
| Signature of offic | cer administering | Printed name of officer administering | Title of officer | administering oath |
| Forms provided by Te | xas Ethics Commission | www.ethics.state.tx.us | · · · · · · · · · · · · · · · · · · · | Version V3.5.1.9000c47f |

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 57 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Hefner, Joseph Cole (The Honorable) 00080101 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 33,983.33 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 531.68 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 91,732.70 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 353.67 TO FILER

SCHEDULE A1

| | The Instru | ction Guide explains how to compl | ete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/7 Rpt: 4/57 | |
|---|-------------------|--|--------------|------------------------------|----------|--|------------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ph Cole (The Honorable) | | | | 00080101 | , |
| 4 | Date | 5 Full name of contributor out-of-sta | te PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/27/2024 | Associated General Contractors of Te | exas PAC | | | | \$2,000.00 |
| | | 6 Contributor address; City; State; Zip Code | Э | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78768 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions |) | | |
| | | | | | | | |
| | Date | Full name of contributor 🛛 🗙 out-of-sta | te PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/13/2024 | BNSF RAILPAC | | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | Э | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Fort Worth, TX 76161 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | | | | | |
| | Date | Full name of contributor 🛛 out-of-sta | te PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/16/2024 | CLEAT PAC | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | Э | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
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| | Date | | te PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/13/2024 | Cammack & Strong P.C. | | | | | \$300.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
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| | | Austic TV 20201 | | | | | |
| | Duin air al a sur | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
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| | Date | — | te PAC (ID#: |) | | Amount of Contribution (\$) | #1 000 00 |
| | 05/13/2024 | Centerpoint Energy Inc. PAC | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | Э | | | | |
| | | | | | | | |
| | | Houston, TX 77210 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
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| SCHEDULE | A1 |
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| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/7 Rpt: 5/57 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Hefner, Jose | ph Cole (The Honorable) | | | 00080101 | |
| 4 | Date | 5 Full name of contributor X out-of-state PAC (ID#: | C00348938) | 7 | Amount of Contribution (\$) | |
| | 03/11/2024 | Chubb Group Holdings Inc. PAC | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Philadelphia, PA 19106 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/11/2024 | Crenshaw, Don & Jennifer | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Mineola, TX 75773 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | . 5) | | |
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| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 03/11/2024 | Delisi Communications PAC | / | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Austin , TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
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| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/13/2024 | Devrient Law Firm PLLC | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Natchez, MS 39121 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/28/2024 | Drake, Brad | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| | | Paris, TX 75642 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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SCHEDULE A1

| The Instru | iction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/57 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commissio | on Filers) |
| Hefner, Jos | eph Cole (The Honorable) | | 00080101 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/11/2024 | | | | \$2,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | | | | |
| | Houston, TX 77077 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | \$) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/24/2024 | Hogg, Willis | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| Dringing ago | Big Sandy, TX 75755 | Encloser (Cas Instructions | <u> </u> | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | + 25 00 |
| 04/24/2024 | Hogg, Willis | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Big Sandy, TX 75755 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| | | | ') | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 05/24/2024 | Hogg, Willis | / | | \$25.00 |
| 0012-11202 | | | | Ψ20.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Big Sandy, TX 75755 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ۶) | |
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| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/24/2024 | Hogg, Willis | | · · · · · · · · · · · · · · · · · · · | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Big Sandy, TX 75755 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) | |
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SCHEDULE A1

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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/7 Rpt: 7/57 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| _ | | eph Cole (The Honorable) | | | 00080101 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 03/04/2024 | Hollen, Greg & Carol | ļ | | | \$200.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Mineola, TX 75773 | J | | | |
| 8 | Principal occu Retired | upation / Job title (See Instructions) | 9 Employer (See Instructions) Retired | ş) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/13/2024 | Husch Blackwell LLP | ļ | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Jefferson City, MO 65101 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ;) | | |
| L | | | <u> </u> | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/13/2024 | Husch Blackwell LLP | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | ļ | | | |
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| | | Jefferson City, MO 65101 | ļ | | | |
| | Princinal occu | upation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/22/2024 | Independent Bankers Association of Texas PAC | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| L | | Austin, TX 78701 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ;) | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Γ | Amount of Contribution (\$) | |
| | 05/13/2024 | Independent Insurance Agents of Texas PAC | , | | | \$1,000.00 |
| | 00/10/202 . | Contributor address; City; State; Zip Code | | ł | | Ψ1,000.00 |
| | | Culturing address, City, State, Zip Code | | | | |
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| | | Austin, TX 78768 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ـــــــــــــــــــــــــــــــــــــ | | |
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| The Inc | struction Guide explains how to complete this form. | 1 | Total pages Schedule A1: | |
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| 2 FILER N/ | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Joseph Cole (The Honorable) | | 00080101 | |
| 4 Date 03/11/20 | 5 Full name of contributor X out-of-state PAC (ID#: C00171843 D24 Liberty Mutual Insurance Co. PAC |) 7 | Amount of Contribution (\$) | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Boston, MA 02116 | | | |
| 8 Principal | occupation / Job title (See Instructions) 9 Employer (Se | e Instructions) | | |
| | | | | |
| Date | Full name of contributor X out-of-state PAC (ID#: C00283135 |) | Amount of Contribution (\$) | |
| 05/06/20 | National Association of Benefits and Insurance Professionals P | AC | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Crawford, NJ 07016 | | | |
| Principal | | ee Instructions) | | |
| T mope. | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/27/20 | D24 Pape-Dawson Engineers PAC | | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
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| Dringing | San Antonio, TX 78213 | lis - transtione) | | |
| Pfincipai | occupation / Job title (See Instructions) Employer (Se | ee Instructions) | | |
| Date | Full name of contributor X out-of-state PAC (ID#: C00428391 |) | Amount of Contribution (\$) | |
| 03/11/20 | | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Phoenix, AZ 85054 | | | |
| Principai | occupation / Job title (See Instructions) Employer (Se | ee Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/11/20 | D24 TXCPA Political Action Committee | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Addison, TX 75001 | | | |
| Principal | | ee Instructions) | | |
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SCHEDULE A1

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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/7 Rpt: 9/57 | |
| 2 | FILER NAME | | + | 3 | Filer ID (Ethics Commissio | on Filers) |
| - | | eph Cole (The Honorable) | | - | 00080101 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 03/01/2024 | Texas Construction Association PAC | | | | \$2,500.00 |
| | l | 6 Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78701 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/26/2024 | Texas Land Title Association PAC | | | | \$2,500.00 |
| | | | | | | + <i>j</i> |
| | I | Contributor address, City, State, Zip Code | | | | |
| | I | Austin, TX 78703 | | | | |
| <u> </u> | Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions) | -) -) | | |
| | | | |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/06/2024 | Texas Manufactered Housing Association, Inc. P | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | | Austin, TX 78759 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/11/2024 | Texas Optometric PAC | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | | Austin, TX 78705 |] | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 03/01/2024 | Texas Society of Architects Committee | / | | , income of 22000000 (| \$1,000.00 |
| | | | | | | Ψ1,000.00 |
| | I | Contributor address, City, State, Zip Code | | | | |
| | I | Austin, TX 78702 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Hefner, Joseph Cole (The Honorable) | | | | 00080101 | | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 05/06/2024 | Texas State Association of | of Fire Fighters Action | Committee | | | \$500.00 |
| | | 6 Contributor address; City; S | tate; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | 5) | | |
| | | | | | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 02/28/2024 | The Storage Place | | | | | \$750.00 |
| | | Contributor address; City; S | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Corpus Christi, TX 78412 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 6) | Employer (See Instructions | 5) | | |
| | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/11/2024 | Touchstone Land & Energ | gy LLC | | | | \$333.33 |
| | | Contributor address; City; S | tate; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77024 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 05/13/2024 | Wholesale Beer Distribute | ors of Texas PAC | | | | \$1,000.00 |
| | | Contributor address; City; S | tate; Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 6) | Employer (See Instructions | 5) | | |
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| SCHEDULE | A2 |
|----------|----|
|----------|----|

| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/57 |
|-----------------------|---|----------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | eph Cole (The Honorable) | | 00080101 |
| ⁴ TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution |
| 03/12/2024 | Greg Abbott Campaign | | contribution (\$) description \$342.46 Travel |
| | 7 Contributor address; City; State; Zip Code | | \$342.401 Havei |
| | | | |
| | | | |
| | Austin, TX 78767 | | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | -JUDICIAL) (See instructions) |
| | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) |
| | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | r's spouse (if any) (FOR JUDICIAL) |
| | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| | | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of In-kind contribution contribution (\$) description |
| 02/29/2024 | TREPAC Texas Association of Realtors Political | Action Committee | \$189.22 Voter Phone Data |
| | Contributor address; City; State; Zip Code | | Reconciliation |
| | | | i |
| | | | |
| | Austin, TX 78768 | | Check if travel outside of Texas. Complete Schedule T. |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | -JUDICIAL) (See instructions) |
| | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) |
| | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | r's spouse (if any) (FOR JUDICIAL) |
| | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
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| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 1/44 Rpt: 12/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 06/11/2024 | 1-800Flowers.com | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$118.57 | Two Jericho Plaza | | | | | | | |
| | | Floor 2 | | | | | | | |
| | | Jericho, NY 11753 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | | outside of Texas. Complete Schedule T. | | | | | | |
| | - | | TX, officeholder living expense | | | | | | |
| | | Consuldent M | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/22/2024 | Amazon.com, Inc. | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$382.55 | PO Box 81226 | | | | | | | |
| | | Seattle, WA 98108 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense paign Workers | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/22/2024 | American Airlines | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$448.45 | 1 Skyview Drive | | | | | | | |
| | | Fort Worth, TX 76155 | | | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense Airline Travel to Washington DC | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| _ | Sch: 2/44 Rpt: 13/57 | Hefner, Joseph Cole (The Honorable) | 00080101 |
| 4 | Date 05/22/2024 | Payee name American Airlines | |
| 6 | Amount (\$) \$448.45 | Payee address; City; State; Zip Code 1 Skyview Drive Fort Worth, TX 76155 | |
| 8 | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. IX, officeholder living expense irline Travel to Washington DC |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 05/22/2024 | American Airlines | |
| | Amount (\$) \$43.09 | Payee address; City; State; Zip Code 1 Skyview Drive | |
| | | Fort Worth, TX 76155 | |
| | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. IX, officeholder living expense irline Travel to Washington DC |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 05/22/2024 | American Airlines | |
| | Amount (\$) \$42.59 | Payee address;City;State;Zip Code1 Skyview Drive | |
| | | Fort Worth, TX 76155 | |
| | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. IX, officeholder living expense irline Travel to Washington DC |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | BOX 8(a) | | | | |
|--|---|-----|---|------------|---|-------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 3/44 Rpt: 14/57 | | Hefner, Joseph Cole (The Honorable) | | | - | 00080101 | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 03/11/2024 | | American National Bank | | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$20.00 301 S Madison St Mount Pleasant, TX 75455 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Transfer Fee | | | | | | | officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O |)ffice sou | ıht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 05/15/2024 | | Bayou Cafe | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | |
| | \$16.79 | | 995 N Main St Vidor, TX 77662 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Food/Beverage Expense | edule) | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense JSS Officeholder Matters | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office sou | Jht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 03/11/2024 | | Berry Communications | | | | | | |
| | Amount (\$) \$31,500.00 | | Payee address; City; State; 1014 W. Milton St. | Zip Co | le | | | | |
| | | | Austin, TX 78704 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Consulting Expense | edule) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense ulting Fee | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office sou | Jht | | Office held | | |
| | | | | | | | | | |

| | | | EXPENDITURE CATEG | ORIES FO | R B | OX 8(a) | | |
|---|---|-----|--|---|-----------------------------------|------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain | Office Ov Polling E Printing I Salaries/ | verhea xpens Expens Wage | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | · · · | | | | 3 | Filer ID (Ethics Commission Filers) |
| T | Sch: 4/44 Rpt: 15/57 | | Hefner, Joseph Cole (The Honorable |) | | | 3 | 00080101 (Ethics Commission Pilets) |
| 4 | Date | 5 | Payee name | | | | | |
| | 03/07/2024 | | Breedlove, Sherry | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Stat | e; Zip C | ode | | | |
| | \$282.73 | | 7755 Mulberry Rd | | | | | |
| | | | | | | | | |
| | | | Big Sandy, TX 75755 | | | | | |
| _ | DUDDOCE | | | | (1-) | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this s | chedule) | (0) | Description | outei | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | , officeholder living expense |
| | | | | | | | | Contract Labor |
| | | | | | | | - | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office so | ught | | | Office held |
| | Date | | Payee name | | | | | |
| | 04/11/2024 | | Brisket Love Barbecue | | | | | |
| | Amount (\$) | - | Payee address; City; Sta | e; Zip C | aho | | | |
| | \$20.57 | | 15338 FM 849 | .е, ∠р С | oue | | | |
| | φ20.57 | | 13330 FW 649 | | | | | |
| | | | Lindale, TX 75771 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this s | chedule) | (b) | Description | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | ide of Texas. Complete Schedule T. |
| | | | | | | | | , officeholder living expense |
| | | | | | | Meeting to D | ISCI | uss officentitier matters |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | ugnt | | | Office held |
| | | _ | | | | | | |
| | Date | | Payee name | | | | | |
| | 03/06/2024 | | Brookshire's | | | | | |
| | Amount (\$) | | Payee address; City; Stat | e; Zip C | ode | | | |
| | \$9.98 | | 308 W Ferguson Rd. | | | | | |
| | | | | | | | | |
| | | | Mount Pleasant, TX 75455 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this s | chedule) | (b) | Description | | |
| | | | Food/Beverage Expense | , | | | outsi | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | 3 . | | | | | , officeholder living expense |
| | | | | | | Food and Be | ver | age for Election Day Gathering |
| | | L | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office so | ught | | | Office held |
| | expenditure to benefit C/OI | Н | | | | | | |
| | | | | | | | | |
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| | | | EXPENDITURE (| CATEGORII | ES FOR E | BOX 8(a) | | |
|---|---|-------------------|---|--------------------------|---|-----------------|--|----------------------------|
| Accounting/Banking Fees C Consulting Expense Food/Beverage Expense P Contributions/ Donations Made By - Gift/Awards/Memorials Expense P | | | Office Overhe Polling Expen Printing Expe Salaries/Wag | nse es/Contract Labor | draising Expense Equipment & Related Expense strict a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 EILED | | | | | 3 Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 5/44 Rpt: 16/57 | | r, Joseph Cole (The Hor | norable) | | | 00080101 | |
| 4 | Date 03/06/2024 | 5 Payee Brooks | | | | | | |
| 6 | Amount (\$) \$105.14 | | address; City; ' Ferguson Rd. Pleasant, TX 75455 | State; | Zip Code | | | |
| 8 | PURPOSE OF EXPENDITURE | | ry (See Categories listed at the to Beverage Expense | op of this sched | _{ule)} (b | Check if Austin | outside of Texas. Com a, TX, officeholder living verage for Elec | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candida | te/Officeholder name | Off | ice sough | t | Office h | eld |
| | Date | Payee | name | | | | | |
| | 03/01/2024 | Brown | , Kirk | | | | | |
| | Amount (\$) \$150.00 | | address; City; Ferguson Rd | State; | Zip Code | | | |
| | | | Pleasant, TX 75455 | | | | | |
| | PURPOSE OF EXPENDITURE | | rV (See Categories listed at the tr Expense | op of this sched | ule) (D | | outside of Texas. Com n, TX, officeholder living onitoring | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | te/Officeholder name | Off | ice sough | t | Office h | eld |
| | Date | Payee | name | | | | | |
| | 03/13/2024 | Byers, | Carl | | | | | |
| | Amount (\$) \$298.03 | | address; City; Montgomery St. | State; | Zip Code | | | |
| | | Gilme | , TX 75644 | | | | | |
| | PURPOSE OF EXPENDITURE | | ry (See Categories listed at the to es/Wages/Contract Labo | | ule) (b | Check if Austin | outside of Texas. Com a, TX, officeholder living g Contract Lab | g expense |
| | Complete ONLY if direct expenditure to benefit C/O | | te/Officeholder name | Off | ice sough | t | Office h | eld |
| | | | | | | | | |

| | | | EXPENDITURE CATEGORIES | S FOR | BOX 8(a) | | |
|---|---|-----|--|--|-----------------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri nmittee Legal Services Sa | office Overh olling Expe rinting Exp alaries/Wa | ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| | | - | The Instruction Guide explains how | w to com | plete this form. | | |
| 1 | Total pages Schedule F1: | 2 | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 6/44 Rpt: 17/57 | | Hefner, Joseph Cole (The Honorable) | | | | 00080101 |
| 4 | Date | 5 | Payee name | | | | |
| | 05/15/2024 | | Calie's Country Florist | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Z | Zip Cod | e | | |
| | \$92.02 | | 10591 TX-300 | | | | |
| | | | | | | | |
| | | | Gilmer, TX 75645 | | | | |
| 8 | DUDDOCE | | | | | | |
| ° | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule Cift/Awards/Momorials Exponse | le) | b) Description Check if travel | outsi | de of Texas. Complete Schedule T. |
| | EXPENDITURE | | Gift/Awards/Memorials Expense | | | | officeholder living expense |
| | | | | | Constituent N | /len | norial Gift |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Offic | ce soug | ht | | Office held |
| | Date | | Payee name | | | | |
| | 02/26/2024 | | Call Multiplier | | | | |
| _ | Amount (\$) | ┝ | Payee address; City; State; Z | 7in Cod | ρ | | |
| | \$32.00 | | 201 Robert S. Kerr Ave | _ip 000 | 0 | | |
| | | | | | | | |
| | | | Suite 210 | | | | |
| | | | Oklahoma City, OK 73102 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Text Messaging | | | | |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Offic | ce soug | ht | | Office held |
| | Date | | Payee name | | | | |
| | 02/28/2024 | | Campaign Advocacy Management Profes | ssionals | s, LLC | | |
| | Amount (\$) | | Payee address; City; State; Z | Zip Cod | e | | |
| | \$18,269.50 | | 401 NE 46th | | | | |
| | | | | | | | |
| | | | Oklahoma City, OK 73105 | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule | le) (| b) Description | o | de ef Teures, Complete Selectula T |
| | EXPENDITURE | | Advertising Expense | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | | | Iture Design and Postage |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Offic | ce soug | ht | | Office held |
| | | | | | | | |
| | | | | | | | |

| | | | EXF | ENDITURE CATE | GORIE | S FOR | BOX 8(a) | | | |
|---|--|----------|--|--|-----------------------|--|--------------------------------|---------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | pense verage Expense ds/Memorials Expense vices | Of Po Pri Sa | ffice Overh olling Expe inting Exp alaries/Wa | ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| | - | | | truction Guide expl | ains how | v to com | plete this form. | | | |
| 1 | Total pages Schedule F1: | | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 7/44 Rpt: 18/57 | | Hefner, Joseph Co | ole (The Honoral | ole) | | | | 00080101 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/21/2024 | | Capitol Gift Shop | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; S | itate; Z | ip Cod | Э | | | |
| | \$519.60 | | 1100 Congress | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | |
| 8 | PURPOSE | <u> </u> | | | | | | | | |
| ° | OF | | Category (See Catego Gift/Awards/Memo | | is schedul | e) | Description Check if travel | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | GIII/Awalus/Merii | inais Expense | | | | | officeholder living | |
| | | | | | | | Constituent C | Gifts | 5 | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholde | er name | Offic | ce soug | nt | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 05/20/2024 | | Capitol Hill Hotel | | | | | | | |
| | Amount (\$) | | - | City; S | state; Z | 'in Cod | 2 | | | |
| | \$1,775.41 | | 200 C St SE | City, C | naie, z | .ip Cou | - | | | |
| | φ1,775.41 | | 200 C 31 3E | | | | | | | |
| | | | Washington, DC 2 | 0003 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See Catego} Lodging | ries listed at the top of th | is scheduk | e) (| | | de of Texas. Comp officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholde | er name | Offic | ce soug | nt | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 06/17/2024 | | Capitol Hill Hotel | | | | | | | |
| | Amount (\$) | | · · · · · · · · · · · · · · · · · · · | City; S | state; Z | 'in Cod | <u>م</u> | | | |
| | \$114.37 | | 200 C St SE | ony, c | <i>fute</i> , 2 | .ip 000 | - | | | |
| | \$114.01 | | 200 0 01 02 | | | | | | | |
| | | | Washington, DC 2 | 0003 | | | | | | |
| | PURPOSE | (a) | Category (See Catego | ries listed at the top of th | is schedul | e) (| b) Description | | | |
| | OF EXPENDITURE | | Parking | | | | | | de of Texas. Com | |
| | Check if Austin, 1X, officenoider living expense | | | | | | | expense | | |
| | | | | | | | Parking | | | |
| | 0 | | | | ~~~ | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholde | er name | Offic | ce sougl | nt | | Office he | 2ICI |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | EXPENDITURE C | ATEGO | RIES FOR | BOX 8(a) | | | |
|---|---|-----|--|---------------|------------|-----------------|--------|---|----|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | | - | | • | 3 | Filer ID (Ethics Commission Filer | s) |
| - | Sch: 8/44 Rpt: 19/57 | | Hefner, Joseph Cole (The Hon | orable) | | | | 00080101 | , |
| 4 | Date | | Payee name | | | | | | |
| | 03/07/2024 | | Catfish King | | | | | | |
| 6 | Amount (\$) \$800.00 | | Payee address; City; L708 S Jefferson Ave Mount Pleasant, TX 75455 | State; | ; Zip Co | le | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the to | p of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | , | Check if travel | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | | Food & Beve | erag | e for Election Day Gathering | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name | C | Dffice sou | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 03/29/2024 | | Cheddar's | | | | | | |
| | Amount (\$) | | Payee address; City; | State: | Zip Co | le | | | |
| | \$26.47 | I | L320 N Peachtree Rd | , | , 1 | | | | |
| | | | Mesquite, TX 75149 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top Food/Beverage Expense | p of this sch | edule) | Check if Austin | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 05/13/2024 | | Cheddar's | | | | | | |
| | Amount (\$) \$13.06 | | Payee address; City; 3815 IH 10 | State; | ; Zip Co | le | | | |
| | | | Beaumont, TX 77705 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Food/Beverage Expense | p of this sch | edule) | Check if Austin | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | С | Dffice sou | ht | | Office held | |
| | | | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOF | R BC | DX 8(a) | | | |
|--|--|-----|---|------------|---|----------------|-------|---|------|
| Advertising Expense Event Expense Loan Repayment/Reim Accounting/Banking Fees Office Overhead/Renta Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contra Credit Card Payment The Instruction Guide explains how to complete this | | | d/Rental Expense e se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | e | | | |
| 4 | Tatal pages Caledula F1. | - | | | mpic | ete tins form. | - | Filer ID (Ethics Commission Fil | ara) |
| 1 | Total pages Schedule F1: Sch: 9/44 Rpt: 20/57 | | HER NAME Hefner, Joseph Cole (The Honorable) | | | | 3 | Filer ID (Ethics Commission File) 00080101 | ers) |
| 4 | Date | 5 | Payee name | | | | | | |
| | 02/29/2024 | | Country Kitchen | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | | | |
| | \$14.35 | | 625 East Lane Street | | | | | | |
| | | | | | | | | | |
| | | | Quitman, TX 75783 | | | | | | |
| _ | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) | Description | outoi | ida af Tayaa, Camplata Cabadula T | |
| | EXPENDITURE | | Food/Beverage Expense | | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | | | | uss Officeholder Matters | |
| | | | | | | 3 | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name C | Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | | |
| | 03/03/2024 | | Dairy Queen | | | | | | |
| | | | | Zin Co | do | | | | |
| | Amount (\$) | | | Zip Co | ue | | | | |
| | \$12.98 | | 700 S Main St. | | | | | | |
| | | | Quitman, TX 75783 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | ide of Texas. Complete Schedule T. | |
| | | | | | | | | , officeholder living expense | |
| | | | | | | Meeting to Di | ISCL | uss Officeholder Matters | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | | |
| | 03/08/2024 | | Dairy Queen | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | |
| | \$15.14 | | 310 S Main St | p 00 | | | | | |
| | \$10.1 4 | | | | | | | | |
| | | | Lindale, TX 75771 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) | Description | | |] |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | ide of Texas. Complete Schedule T. | |
| | | | | | | | | officeholder living expense | |
| | | | | | | weeting to Di | ISCL | uss Officeholder Matters | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | candidate/Officeholder name C | Office sou | ght | | | Office held | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/44 Rpt: 21/57 | Hefner, Joseph Cole (The Honorable) | 00080101 |
| 4 | Date 03/04/2024 | 5 Payee name East Texas Journal | |
| 6 | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 209 North Jefferson Mount Pleasant, TX 75455 | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense raphy |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 05/21/2024 | Expedia | |
| | Amount (\$) \$76.14 | Payee address; City; State; Zip Code 333 108th Ave NE Bellevue, WA 98004 | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/04/2024 | Flowers by Legacy | |
| | Amount (\$) \$115.34 | Payee address; City; State; Zip Code 2200 NW 70TH AVE. | |
| | | Miami, FL 33132 | |
| | PURPOSE OF EXPENDITURE | | uutside of Texas. Complete Schedule T. TX, officeholder living expense lemorial Gift |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | | | EXPENDIT | URE CATEGOR | RIES FOR | BOX 8(a) | | |
|---|---|-----|---------------------------------|---|------------------------------|-----------------------|---|-------------------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - | | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 12 | | Culue onprime | | | 3 | Filer ID (Ethics Commission Filers) |
| 1 | Sch: 11/44 Rpt: 22/57 | | Hefner, Joseph Cole (Th | e Honorable) | | | | 00080101 |
| 4 | Date | 5 | Payee name | | | | | |
| | 05/30/2024 | | Flowers by Legacy | | | | | |
| 6 | Amount (\$) | | Payee address; City; | State; | Zip Coo | le | | |
| | \$133.04 | | 2200 NW 70TH AVE. | | | | | |
| | | | Miami, FL 33132 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed | I at the top of this sche | edule) | b) Description | | |
| | OF EXPENDITURE | | Gift/Awards/Memorials E | | , | | | ide of Texas. Complete Schedule T. |
| | | | | | | | | , officeholder living expense |
| | | | | | | Constituent N | vler | norial Gift |
| 9 | Complete ONLY if direct | | andidate/Officeholder name | e C | Office soug | ht | | Office held |
| | expenditure to benefit C/OI | | | | | | | |
| | Date | | Payee name | | | | | |
| | 03/01/2024 | | Google Inc. | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Coo | le | | |
| | \$25.58 | | 1600 Amphitheatre Pkw | y | | | | |
| | | | Mountain View, CA 9404 | 13 | | | | |
| | PURPOSE | (a) | Category (See Categories listed | I at the top of this sche | edule) | b) Description | | |
| | OF EXPENDITURE | | Fees | · | , | Check if travel | outsi | ide of Texas. Complete Schedule T. |
| | EXPENDITORE | | | | | | | , officeholder living expense |
| | | | | | | Campaign E | mai | il Fee |
| | | | | | | - | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | e C | Office soug | ht | | Office held |
| | Date | | Payee name | | | | | |
| | 05/02/2024 | | Google Inc. | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Coo | le | | |
| | \$30.70 | | 1600 Amphitheatre Pkw | y | | | | |
| | | | | | | | | |
| | | | Mountain View, CA 9404 | 13 | | | | |
| | PURPOSE OF | | Category (See Categories listed | I at the top of this sche | edule) | b) Description | | |
| | EXPENDITURE | | Fees | | | | | ide of Texas. Complete Schedule T. |
| | | | | | | Campaign E | | , officeholder living expense |
| | | | | | | Campaiyn El | nal | |
| - | Complete ONLY if direct | Ļ | andidate/Officeholder name | <u> </u> | Office soug | ht | | Office held |
| | expenditure to benefit C/OI | | | | Since Soug | | | |
| - | | | | | | | | |
| | | | | | | | | |

| | | | | EXPENDIT | JRE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|---|---|--|------------------------|---|-----------------------------|---------------------------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction | | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labo | nse or | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | : | | | · | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 12/44 Rpt: 23/57 | | | - eph Cole (The | e Honorable) | | | | 00080101 | (Ethios Commerciant, |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 04/01/2024 | | Google Inc. | | | | | | | |
| 6 | Amount (\$) \$27.23 | | Payee addre 1600 Amph | ss; City; itheatre Pkwy | | ; Zip Coo | le | | | |
| | | | Mountain V | iew, CA 9404 | 3 | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Fee | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | C | Dffice sou | lht | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 06/03/2024 | | Google Inc. | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | ; Zip Co | le | | | |
| | \$30.70 | | · | itheatre Pkwy iew, CA 9404 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Si} Fees | ee Categories listed | at the top of this sch | edule) | | travel outs Austin, TX | ide of Texas. Com , officeholder living il Fee | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | C | Office souç | ht | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 04/22/2024 | | Grand Hyat | t | | | | | | |
| | Amount (\$) \$353.67 | | Payee addre 600 E Mark | | State; | ; Zip Coo | le | | | |
| | | | San Antonio | o, TX 78205 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Si} Travel Out o | | at the top of this sch | edule) | | travel outs | ide of Texas. Com , officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | C | Dffice sou | lht | | Office he | eld |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|---|------------------|---|-------------------------------|---------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Innittee Legal Services The Instruction Guid | | Office Over Polling Exp Printing Ex Salaries/W | pense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Tatal pages Cabadula F1. | - | | ie explains i | 100 10 001 | inplete this form. | 1 | Filer ID (Ethics Commission Filers) |
| 1 | Total pages Schedule F1: Sch: 13/44 Rpt: 24/57 | 2 | HILER NAME Hefner, Joseph Cole (The Ho | norable) | | | 3 | Filer ID (Ethics Commission Filers) 00080101 |
| 4 | Date | 5 | Payee name | | | | • | |
| | 05/21/2024 | | HEB | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Co | de | | |
| | \$36.67 | | 6001 W. Parmer Ln. | | | | | |
| | | | Austin, TX 78727 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the | top of this sche | edule) | (b) Description | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | side of Texas. Complete Schedule T. |
| | - | | | | | | | (, officeholder living expense |
| | | | | | | Capitol Offi | e s | supplies |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | C | Office sou | ght | | Office held |
| | Date | | Payee name | | | | | |
| | 03/07/2024 | | Hampton Inn | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Co | de | | |
| | \$145.77 | | 2504 W Ferguson Rd | | | | | |
| | | | Ŭ | | | | | |
| | | | Mount Pleasant, TX 75455 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the | top of this sch | edule) | (b) Description | | |
| | EXPENDITURE | | Travel In District | | | | | side of Texas. Complete Schedule T. K, officeholder living expense |
| | | | | | | Campaign : | | |
| | | | | | | Campaign | Jian | Louging |
| | | | Sandidata (Office helder name | | | la 4 | | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Ĺ | Office sou | JIIL | | Onice neid |
| | Date | | Payee name | | | | | |
| | 05/17/2024 | | Hampton Inn | | | | | |
| | | | | Stata: | Zin Co | do | | |
| | Amount (\$) | | Payee address; City; 3795 I-H10 South | Siale, | ; Zip Co | ue | | |
| | \$123.05 | | 3795 I-HIU SOUUI | | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77705 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the | top of this sche | edule) | (b) Description | | |
| | OF EXPENDITURE | | Travel Out of District | | | | | side of Texas. Complete Schedule T. |
| | | | | | | | tin, TX | K, officeholder living expense |
| | | | | | | Lodging | | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | C | Office sou | ght | | Office held |
| | openditore to benefit C/Of | ' | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 14/44 Rpt: 25/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | |
| 4 | Date 02/26/2024 | Payee name Harbor Freight Tools | | | | | |
| 6 | 6 Amount (\$) \$25.80 Amount (\$) \$25.80 Amount Pleasant, TX 75455 6 Amount Pleasant, TX 75455 | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Sign Ties | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 03/13/2024 | Hefner, Cole | | | | | |
| | Amount (\$) \$6,754.78 | Payee address;City;State;Zip Code806 CR 4510 | | | | | |
| | | Mount Pleasant, TX 75455 | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fileage Reimbursement (1/1/23- | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 03/13/2024 | Hill, Isaac | | | | | |
| | Amount (\$) \$840.00 | Payee address;City;State;Zip Code9969 US Hwy 271 S | | | | | |
| | | Gladewater, TX 75647 | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ng Contract Labor | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|---|---|--------------------------------------|---|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | rhead/l bense pense 'ages/C | Reimbursement Rental Expense Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Sabadula E1: | 5 | · · · · · | | Ilpice | | 3 | Filer ID (Ethics Commission Filers) |
| 1 | Total pages Schedule F1: Sch: 15/44 Rpt: 26/57 | 2 | HER NAME Hefner, Joseph Cole (The Honorable) | | | | 3 | Filer ID (Ethics Commission Filers) 00080101 |
| 4 | Date | 5 | Payee name | | | | | |
| | 03/22/2024 | | Hilton Garden Inn | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | ; Zip Co | de | | | |
| | \$216.25 | | 500 N Interstate 35 | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| 8 | PURPOSE | | | | (h) r | Decorintion | | |
| 0 | OF | (a) | Category (See Categories listed at the top of this sch Travel Out of District | edule) | ιο) ι Γ | Description Check if travel of | outsi | de of Texas. Complete Schedule T. |
| | EXPENDITURE | | Travel Out of District | | ŕ | | | officeholder living expense |
| | | | | | Ī | _odging | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held |
| | Date | | Payee name | | | | | |
| | 03/25/2024 | | Hilton Garden Inn | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | |
| | \$198.80 | | 500 N Interstate 35 | | | | | |
| | \$100.00 | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Travel Out of District | edule) | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held |
| | Date | | Pavee name | | | | | |
| | 04/22/2024 | | Hilton Garden Inn | | | | | |
| - | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | |
| | \$259.82 | | 500 N Interstate 35 | ,p 00 | ao | | | |
| | \$200.02 | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) [| Description | | |
| | OF EXPENDITURE | | Travel Out of District | | Į | | | de of Texas. Complete Schedule T. |
| | | | | | Ļ | | TX, | officeholder living expense |
| | | | | | L | _odging | | |
| | | | | D#: - | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held |
| | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|----------|---|--|---------------------------------|--------------------------|--------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain: | Office (Polling Printing Salarie | Overhe Expens Expers/Wage | nse es/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | · · | 3 11011 12 | | | 3 | Filer ID (Ethics Commission Filers) |
| Ţ | Sch: 16/44 Rpt: 27/57 | | Hefner, Joseph Cole (The Honorable) |) | | | 3 | O0080101 (Ethics Commission Priers) |
| 4 | Date | 5 | Payee name | | | | • | |
| | 05/13/2024 | | Hilton Garden Inn | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Stat | e; Zip (| Code | | | |
| | \$246.10 | | 500 N Interstate 35 | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| 8 | PURPOSE | <u> </u> | | | (h | Description | | |
| ľ | OF | (4) | Category (See Categories listed at the top of this se Travel Out of District | chedule) | | | outsi | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | Have out of District | | | | | , officeholder living expense |
| | | | | | | Lodging | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office s | ought | t | | Office held |
| | Date | | Payee name | | | | | |
| | 05/13/2024 | | Hilton Garden Inn | | | | | |
| | Amount (\$) | | Payee address; City; Stat | e; Zip (| Code | | | |
| | \$160.02 | | 500 N Interstate 35 | с, <u>-</u> .р | 0000 | | | |
| | \$100.0L | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this se Travel Out of District | chedule) | (b) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | Lodging | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office s | ought | t | | Office held |
| | Date | | Payee name | | | | | |
| | 05/24/2024 | | Hilton Garden Inn | | | | | |
| | Amount (\$) | | Payee address; City; Stat | e; Zip (| Code | | | |
| | \$352.31 | | 500 N Interstate 35 | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this se | chedule) | (b) | Description | | |
| | EXPENDITURE | | Lodging | | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | Lodging | I, IA, | |
| | ſ | | | | | 99 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office s | ought | t | | Office held |
| | | • | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|--|-------|---|------------------------------|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla | | Office Over Polling Exp Printing Exp Salaries/Wa | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | | | | · | 3 | Filer ID (Ethics Commission Filers) |
| - | Sch: 17/44 Rpt: 28/57 | | Hefner, Joseph Cole (The Honorab | e) | | | ľ | 00080101 |
| 4 | Date 05/30/2024 | 5 | Payee name Hilton Garden Inn | | | | | |
| 6 Amount (\$) \$179.20 7 Payee address; City; State; Zip Code 500 N Interstate 35 Austin, TX 78701 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Lodging (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Of | ffice soug | ıht | | Office held |
| | Date | | Payee name | | | | | |
| | 05/31/2024 | | Hilton Garden Inn | | | | | |
| | Amount (\$) \$199.80 | | Payee address; City; St 500 N Interstate 35 Austin, TX 78701 | ate; | Zip Coo | le | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this Lodging | sched | dule) | | | side of Texas. Complete Schedule T. K, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Of | ffice soug | Jht | | Office held |
| | Date | | Payee name | | | | | |
| | 06/10/2024 | | Hilton Garden Inn | | | | | |
| | Amount (\$) \$181.59 | | Payee address; City; St 500 N Interstate 35 | ate; | Zip Coo | le | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Lodging | sched | dule) | | | side of Texas. Complete Schedule T. K, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Of | ffice soug | Jht | | Office held |
| | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-------------------------------------|--|---|--------------|---|---|--------|--|-------------------------|---------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/ Gift/A nmittee Legal | Expense Beverage Expense wards/Memorials Exper Services Instruction Guide e | | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expe | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 18/44 Rpt: 29/57 | | Hefner, Joseph | Cole (The Hond | orable) | | | | 00080101 | | |
| 4 | Date | 5 | Payee name | | | | | • | | | |
| | 05/28/2024 | | Hyatt Regency | San Antonio | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; | Zip Coo | le | | | | |
| | \$324.57 | | 123 Losoya St | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio, T> | (78205 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Cat | egories listed at the top | of this sche | edule) | b) Description | | | | |
| | OF EXPENDITURE | | Lodging | | | , | Check if travel | outsi | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | | | | | | η, TΧ, | , officeholder living | expense | |
| | | | | | | | Lodging | | | | |
| _ | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeho | lder name | 0 | Office soug | ht | | Office he | eld | |
| ⊨ | Date | | | | | | | | | | |
| | 05/13/2024 | | Payee name J Wilson's | | | | | | | | |
| | | | | <u></u> | <u> </u> | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; | Zip Coo | le | | | | |
| | \$104.85 4190 Gladys | | | | | | | | | | |
| | | | Beaumont, TX 7 | 7706 | | | | | | | |
| | PURPOSE | (a) | Category (See Cat | egories listed at the top | of this sche | edule) | b) Description | | | | |
| | OF EXPENDITURE | | Food/Beverage | Expense | | | | | ide of Texas. Com , officeholder living | | |
| | | | | | | | Meeting to D | | - | • | |
| | | | | | | | Meeting to D | 1500 | | ider Matters | |
| _ | Complete ONLY if direct | | andidate/Officeho | lder name | 0 |)ffice souc | ht | | Office he | eld | |
| | expenditure to benefit C/OI | Η | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/16/2024 | | Jackson's Coun | try Cafe | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; | Zip Coo | le | | | | |
| | \$120.33 | | 1208 N Titus St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Gilmer, TX 7564 | 14 | | | | | | | |
| | PURPOSE | (a) | Category (See Cat | egories listed at the top | of this sche | edule) | b) Description | | | | |
| | OF EXPENDITURE | | Food/Beverage | Expense | | | | | ide of Texas. Com | | |
| | - | | | | | | | | , officeholder living | | |
| | | | | | | | Meeting to D | 1301 | | | |
| - | Complete ONLY if direct | | andidate/Officeho | lder name | |)ffice soug | ht | | Office he | ۶d | |
| | expenditure to benefit C/OI | | | | 0 | mee soul | in a state of the | | | .iu | |
| | | | | | | | | | | | |
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| | | | EXPENDITURE CA | TEGOR | RIES FOR E | 3OX 8(a) | | | | | |
|---|---|-----|---|--------------------|---|---|---|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Inmittee Legal Services The Instruction Guide e | | Office Overhe Polling Exper Printing Expe Salaries/Wag | nse Jes/Contract Labor | Travel in District Travel Out of Dis | quipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 Filer ID | (Ethics Commission Filers) | | | |
| | Sch: 19/44 Rpt: 30/57 | | Hefner, Joseph Cole (The Hono | rable) | | | 00080101 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/15/2024 | | Jalapeno Tree | | | | | | | | |
| 6 | Amount (\$) \$54.28 | | Payee address; City; 416 E Broad St Mineola, TX 75773 | d St | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this sche | (b |) Description | | | | | |
| | OF | | Food/Beverage Expense | or this serie | | | outside of Texas. Comp | plete Schedule T. | | | |
| | EXPENDITURE | | | | | Check if Austin | n, TX, officeholder living | expense | | | |
| | | | | | | Meeting to D | iscuss Officehol | der Matters | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | 0 | office sough | t | Office he | ld | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/13/2024 | | Jetsel, Whitney | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State [.] | Zip Code | <u>, </u> | | | | | |
| | ., | | | State, | Zip Coue | ; | | | | | |
| | \$684.00 | | 7755 Mulberry Rd | | | | | | | | |
| | | | Big Sandy, TX 75755 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top Salaries/Wages/Contract Labor | of this sche | edule) (b | Check if Austin | outside of Texas. Comp n, TX, officeholder living g Contract Labo | expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | 0 | office sough | t | Office he | ld | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/04/2024 | | Jones, Christa | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State: | Zip Code | <u>, </u> | | | | | |
| | \$536.43 | | 6202 White Oak Rd | State, | Zip Coue | - | | | | | |
| | \$550.45 | | 0202 White Oak Ru | | | | | | | | |
| | | | Big Sandy, TX 75755 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this sche | edule) (b | Description | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | outside of Texas. Comp | | | | |
| | | | | | | | n, TX, officeholder living | | | | |
| | | | | | | BIOCK WAIKIN | g Contract Labo | זנ | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | 0 | office sough | t | Office he | ld | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|----------|--|--|---------------------|---|--------------------------|----------------|-------|--|--------------|-------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fe Fo G | vent Expense ves vod/Beverage Exper ft/Awards/Memorials gal Services | | Office Ove Polling Ex Printing Ex | erhead pense xpens | | | Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a | quipment & F | elated Expense |
| | - | | | he Instruction G | uide explains | how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | | | | | | | | 3 | Filer ID | (Ethics Co | ommission Filers) |
| | Sch: 20/44 Rpt: 31/57 | | Hefner, Josep | oh Cole (The | Honorable) | | | | | 00080101 | | |
| 4 | Date 03/18/2024 | | Payee name Jones, Christ | a | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address | ; City; | State | ; Zip Co | de | | | | | |
| | \$1,304.31 | | 6202 White C | ak Rd | | · | | | | | | |
| | | | Big Sandy, T | K 75755 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category _{(See} Salaries/Wag | | | iedule) | (b) | | , TX, | de of Texas. Com officeholder living ontract Lab | expense | ie T. |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Office | holder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 03/20/2024 | | La Finca Res | taurant | | | | | | | | |
| | Amount (\$) | | Payee address | ; City; | State | ; Zip Co | de | | | | | |
| | \$328.81 | | 200 Warren S | | | | | | | | | |
| | | <u> </u> | Gilmer, TX 75 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See} Food/Bevera | | the top of this sch | iedule) | (b) | | , TX, | de of Texas. Com officeholder living ISS Officeho | expense | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Office | holder name | C | Office sou | ight | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 03/03/2024 | | Laura's Chee | secake | | | | | | | | |
| | Amount (\$) \$30.89 | | Payee address 109 N. Madis | - | State; | ; Zip Co | de | | | | | |
| | | | Mount Pleasa | ınt, TX 75455 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See} Food/Bevera | | the top of this sch | iedule) | (b) | | , TX, | de of Texas. Com officeholder living ISS Officeho | expense | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Office | holder name | C | Office sou | ight | | | Office he | eld | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|---|---|---|----------------------------|-----------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin | ice Overh lling Expe nting Expe aries/Wa | ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | | 10 0011 | | 3 | Filer ID (Ethics Commission Filers) |
| 1 | Sch: 21/44 Rpt: 32/57 | | Hefner, Joseph Cole (The Honorable) | | | | 00080101 |
| 4 | Date | 5 | Payee name | | | | |
| | 05/08/2024 | | Laura's Cheesecake | | | | |
| 6 | Amount (\$) \$38.94 | | Payee address; City; State; Zip 109 N. Madison | p Cod | 9 | | |
| | | | Mount Pleasant, TX 75455 | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters | | | | | | officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name Office | e sougł | nt | | Office held |
| | Date | | Payee name | | | | |
| | 04/25/2024 | | Laura's Cheesecake | | | | |
| | Amount (\$) | | Payee address; City; State; Zip | p Cod | 9 | | |
| | \$24.25 | | 109 N. Madison | | | | |
| | | | Mount Pleasant, TX 75455 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | _{:)} (I | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense ISS Officeholder Matters |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Office | e sougl | nt | | Office held |
| | Date | | Payee name | | | | |
| | 04/10/2024 | | Lindale Area Chamber of Commerce | | | | |
| | Amount (\$) \$150.00 | | Payee address; City; State; Zip 205 S Main St. | p Cod | 5 | | |
| | | | Lindale, TX 75771 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | ») (I | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense nmerce Membership Fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Office | e sougl | nt | | Office held |
| | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | BOX 8(a) | | | | |
|---|---|---|---|--|------------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | <u> </u> | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 22/44 Rpt: 33/57 | | Hefner, Joseph Cole (The Honorable) | | | | 00080101 | | |
| 4 | Date 06/04/2024 | | Payee name Lindale Area Chamber of Commerce | | | | | | |
| 6 | Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 00 205 S Main St. Lindale, TX 75771 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Chamber Luncheon Chamber Luncheon | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | ht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 03/21/2024 | | Little, Callie | | | | | | |
| | Amount (\$) \$1,789.85 | | Payee address; City; State; 890 Hickory Rd Big Sandy, TX 75755 | Zip Co | le | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor | edule) | Check if Austir | I, TX | ide of Texas. Complete Schedule T. , officeholder living expense Contract Labor | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | ht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 03/26/2024 | | Little, Joshua | | | | | | |
| | Amount (\$) \$251.25 | | Payee address; City; State; 890 Hickory Rd | Zip Co | le | | | | |
| | | | Big Sandy, TX 75755 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor | edule) | Check if Austir | I, TX | ide of Texas. Complete Schedule T. , officeholder living expense Contract Labor | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name O | office sou | ht | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 23/44 Rpt: 34/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | |
| 4 | Date 04/17/2024 | Payee name Logan's Place | | | | | | |
| Ļ | | | | | | | | |
| 6 | Amount (\$) \$41.19 | Payee address; City; State; Zip Code 536 E Broad St. Mineola, TX 75773 | | | | | | |
| 8 | PURPOSE | a) Cotogony (b) Description | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 05/22/2024 | Lyft | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$5.38 | 185 Berry St Suite 400 San Francisco, CA 94107 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 05/23/2024 | Lyft | | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$5.38 | 185 Berry St | | | | | | |
| | | Suite 400 | | | | | | |
| | | San Francisco, CA 94107 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|---|--------------------------------|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | kpense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | | | • • • • • • • | 2 | Filer ID (Ethics Commission Filers) | |
| - | Sch: 24/44 Rpt: 35/57 | 2 | Hefner, Joseph Cole (The Honorable) | | | 5 | 00080101 | |
| 4 | Date 05/24/2024 | 5 | Payee name Lyft | | | | | |
| 6 | Amount (\$) \$6.67 | 7 Payee address; City; State; Zip Code 185 Berry St Suite 400 San Francisco, CA 94107 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | | | | | |
| | Date | | Payee name | | | | | |
| | 05/28/2024 | | Lyft | | | | | |
| | Amount (\$) \$4.65 | | Payee address; City; State; 185 Berry St Suite 400 San Francisco, CA 94107 | Zip Co | de | | | |
| PURPOSE OF EXPENDITURE | | (a) | Category (See Categories listed at the top of this sche Travel Out of District | edule) | | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | | Candidate/Officeholder name C | Office sou | ght | | Office held | |
| | Date | | Payee name | | | | | |
| | 06/10/2024 | | Lyft | | | | | |
| | Amount (\$) \$14.23 | | vee address; City; State; Zip Code 5 Berry St iite 400 n Francisco, CA 94107 | | | | | |
| PURPOSE OF EXPENDITURE | | (a) | Category (See Categories listed at the top of this sch Travel Out of District | edule) | | | de of Texas. Complete Schedule T. . officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | | Candidate/Officeholder name C | Office sou | ght | | Office held | |
| | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Cor | | | | | | |
| | Sch: 25/44 Rpt: 36/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | |
| 4 | Date 06/12/2024 | 5 Payee name Lyft | | | | | | |
| 6 | Amount (\$) \$34.22 | 7 Payee address; City; State; Zip Code 185 Berry St Suite 400 San Francisco, CA 94107 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 03/03/2024 | Mailchimp | | | | | | |
| | Amount (\$) \$140.71 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 Suite 5000 | | | | | | |
| PURPOSE OF EXPENDITURE | | | outside of Texas. Complete Schedule T. , TX, officeholder living expense nail List Fee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 05/03/2024 | Mailchimp | | | | | | |
| | Amount (\$) \$140.71 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense nail List Fee | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 26/44 Rpt: 37/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | | | |
| 4 | Date | Payee name | | | | | | | | |
| | 04/03/2024 | Mailchimp | | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$140.71 | 675 Ponce de Leon Ave NE | | | | | | | | |
| | | Suite 5000 | | | | | | | | |
| | | Atlanta, GA 30308 | | | | | | | | |
| 8 | PURPOSE | a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF | | outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | | , TX, officeholder living expense | | | | | | | |
| | | Campaign Er | nail List Fee | | | | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/03/2024 | Mailchimp | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$140.71 | 675 Ponce de Leon Ave NE | | | | | | | | |
| | | Suite 5000 | | | | | | | | |
| | | Atlanta, GA 30308 | | | | | | | | |
| | PURPOSE | | | | | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | EXPENDITURE | Check if Austin | , TX, officeholder living expense | | | | | | | |
| | | Campaign Er | nail List Fee | | | | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/24/2024 | Marriott | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$16.24 | 7750 Wisconsin Ave | | | | | | | | |
| | | | | | | | | | | |
| | | Bethesda, MD 20814 | | | | | | | | |
| | PURPOSE OF | a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | | | |
| | | Vehicle Parki | | | | | | | | |
| | | | - | | | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | expenditure to benefit C/OF | | - | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|----|---|-------------------------------------|----------------|---|---------------------|--|-----------------------------------|---|--------|--|--------------|-------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services | s Expense | Office Ove Polling Exp Printing Ex Salaries/W | head/F ense pense ages/C | Reimbursement Rental Expense Contract Labor | | Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a | quipment & F | Related Expense |
| | | - | | The Instruction G | uide explains | how to co | nplete | e this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Co | ommission Filers) |
| | Sch: 27/44 Rpt: 38/57 | | Hefner, Jos | eph Cole (The | Honorable) | | | | | 00080101 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 03/06/2024 | | McMahan, S | Stacy | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | ; Zip Co | de | | | | | |
| | \$2,000.00 | | 8545 Kanga | aroo Rd. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Gilmer, TX | 75644 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (c) | ee Categories listed at | the ten of this esh | adula) | (b) r | Description | | | | |
| Ū | OF | | | ages/Contract L | | iedule) | (, Γ | | outsid | de of Texas. Com | plete Schedu | le T. |
| | EXPENDITURE | | | .g | | | Ē | Check if Austin, | , TX, | officeholder living | expense | |
| | | | | | | | (| Campaign Co | ontr | act Labor | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 03/07/2024 | | McMahan, S | Stacy | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | ; Zip Co | de | | | | | |
| | \$1,500.00 | | 8545 Kanga | - | | | | | | | | |
| | | | Ū | | | | | | | | | |
| | | | Gilmer, TX | 75644 | | | | | | | | |
| | PURPOSE OF | (a) | | ee Categories listed at | | nedule) | (b) [| Description | | | | |
| | EXPENDITURE | | Salaries/Wa | iges/Contract L | abor | | Ļ | | | de of Texas. Com officeholder living | | le I. |
| | | | | | | | L | Campaign Co | | | | |
| | | | | | | | | 1 5 | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | (| Dffice sou | aht | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | · | • | | | | | |
| _ | Date | | Payee name | | | | | | | | | |
| | 03/07/2024 | | McMahan, S | Stacy | | | | | | | | |
| _ | | | | • | Ctata | . 7:0 00 | 10 | | | | | |
| | Amount (\$) | | Payee addres | | State | ; Zip Co | je | | | | | |
| | \$1,500.00 | | 8545 Kanga | 100 Ru. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Gilmer, TX | 75644 | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | ee Categories listed at | the top of this sch | nedule) | (b) [| Description | | | | |
| | EXPENDITURE | | Salaries/Wa | ages/Contract L | abor | | Ļ | | | de of Texas. Com | | le T. |
| | | | | | | | L | Campaign Co | | officeholder living | expense | |
| | | | | | | | Ċ | Jampaign CC | 2110 | | | |
| - | Complete ONLY if direct | L | andidato/Offi | ceholder name | <i>(</i> | Office sou | 1ht | | | Office he | ald. | |
| | expenditure to benefit C/OI | | | | (| | JIIL | | | Unice he | 510 | |
| ┣— | | | | | | | | | | | | |
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| | | | EXPENDITURE CATE | GORIES FO | OR BO | OX 8(a) | | | | | |
|---|---|-----|---|---|-------------------------------------|------------------------|-------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | Office O Polling E Printing Salaries | verhea Expens Expens Wages | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| | | | The Instruction Guide expla | tins how to c | compl | ete this form. | | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 28/44 Rpt: 39/57 | | Hefner, Joseph Cole (The Honorab | le) | | | | 00080101 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/02/2024 | | McMahan, Stacy | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Si | tate; Zip C | Code | | | | | | |
| | \$2,000.00 | | 8545 Kangaroo Rd. | | | | | | | | |
| | | | - | | | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | | | |
| | DUDDOOF | | | | 10. | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of thi | s schedule) | (D) | Description | outei | de of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | officeholder living expense | | | |
| | | | | | | Campaign Co | ontr | ract Labor | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office so | bught | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 02/27/2024 | | Nardello's | | | | | | | | |
| | Amount (\$) | | Payee address; City; Si | tate; Zip C |)ode | | | | | | |
| | \$44.27 | | 103 N Madison | .u.c, 2ip c | Jouc | | | | | | |
| | φ44.27 | | | | | | | | | | |
| | | | Mount Pleasant, TX 75455 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of thi Food/Beverage Expense | s schedule) | (b) | Check if Austin | , TX, | de of Texas. Complete Schedule T. officeholder living expense ISS Officeholder Matters | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office so | bught | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/01/2024 | | Nicholson, David | | | | | | | | |
| | Amount (\$) | | Payee address; City; Si | tate; Zip C | ode: | | | | | | |
| | \$2,000.00 | | 12445 Alameda Trace Circle | .u.e, 21p e | Joue | | | | | | |
| | φ2,000.00 | | | | | | | | | | |
| | | | Apt. 618 | | | | | | | | |
| | | | Austin, TX 78727 | | _ | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | , тх, | de of Texas. Complete Schedule T. officeholder living expense ract Labor | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office so | bught | | | Office held | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Pilling Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 29/44 Rpt: 40/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | | | | |
| 4 | Date | Payee name | | | | | | | | | |
| | 03/11/2024 | Nicholson, David | | | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$406.02 | 12445 Alameda Trace Circle | | | | | | | | | |
| | | Apt. 618 | pt. 618 | | | | | | | | |
| | | Austin, TX 78727 | | | | | | | | | |
| 8 | PURPOSE | D) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Travel Out of District | l outside of Texas. Complete Schedule T. | | | | | | | | |
| | | | n, TX, officeholder living expense taff Mileage 3/4/24-3/6/24 | | | | | | | | |
| | | Campaign S | an mileage 3/4/24-3/0/24 | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 03/15/2024 | Nicholson, David | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$2,500.00 | 12445 Alameda Trace Circle | | | | | | | | | |
| | | Apt. 618 | | | | | | | | | |
| | | Austin, TX 78727 | | | | | | | | | |
| | PURPOSE | b) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF | | l outside of Texas. Complete Schedule T. | | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | Campaign C | contract Labor | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 04/03/2024 | Omni PGA | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$25.75 | 4341 PGA Parkway | | | | | | | | | |
| | | | | | | | | | | | |
| | | Frisco, TX 75033 | | | | | | | | | |
| | PURPOSE OF | (b) Description | | | | | | | | | |
| | EXPENDITURE | | l outside of Texas. Complete Schedule T. | | | | | | | | |
| | | | n, TX, officeholder living expense | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 30/44 Rpt: 41/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | | | |
| 4 | Date 04/22/2024 | 5 Payee name PMC Paid Parking | | | | | | | | |
| 6 | Amount (\$) \$19.21 | 7 Payee address; City; State; Zip Code 216 Congress Ave Austin, TX 78701 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/21/2024 | Phoebe's Diner | | | | | | | | |
| | Amount (\$) \$42.06 | Payee address; City; State; Zip Code 408 W. 11th St. Austin, TX 78701 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense CUSS Officeholder Matters | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/28/2024 | Phoebe's Diner | | | | | | | | |
| | Amount (\$) \$46.57 | Payee address; City; State; Zip Code 408 W. 11th St. | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense CUSS Officeholder Matters | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 31/44 Rpt: 42/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | | |
| 4 | Date 06/17/2024 | 5 Payee name Pine Dunes Lodge | | | | | | | |
| 6 | Amount (\$) \$96.12 | Payee address; City; State; Zip Code 159 Private Rd 7019 Frankston, TX 75763 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 06/24/2024 | Pine Dunes Lodge | | | | | | | |
| | Amount (\$) \$107.46 | Payee address; City; State; Zip Code 159 Private Rd 7019 | | | | | | | |
| | | Frankston, TX 75763 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/23/2024 | Punch Bowl Social | | | | | | | |
| | Amount (\$) \$44.64 | Payee address;City;State;Zip Code522 Congress Ave | | | | | | | |
| | | Austin, TX 78701 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense ccuss Officeholder Matters | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-------|--|---------------------------------|---|------------------------------|--------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | tee Legal Service | je Expense Iemorials Expense | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 FII | LER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 32/44 Rpt: 43/57 | | efner, Joseph Cole | (The Honorable) | | | | 00080101 | |
| 4 | Date 04/22/2024 | | iyee name ent a Horn Valet | | | | | | |
| 6 | Amount (\$) \$15.00 | 16 | iyee address; Cit i01 Rio Grande ustin, TX 78704 | /; State; | Zip Coo | le | | | |
| 8 | PURPOSE OF EXPENDITURE | | ategory (See Categories avel Out of District | listed at the top of this sche | edule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ididate/Officeholder n | ame O | Office souç | ht | | Office held | |
| | Date | Pa | iyee name | | | | | | |
| | 04/17/2024 | Re | epublican Party of T | - exas | | | | | |
| | Amount (\$) | Pa | yee address; Cit | ; State; | Zip Co | le | | | |
| | \$158.00 | #S | 1 E 7th St 915 ustin, TX 78701 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories | listed at the top of this sche | edule) | | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense istration | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ididate/Officeholder n | ame O | Office sou | ht | | Office held | |
| | Date | Pa | iyee name | | | | | | |
| | 03/14/2024 | | nymes, Marty | | | | | | |
| | Amount (\$) \$351.76 | | iyee address; Cit .06 E Old Us Hwy 8 | | Zip Coo | le | | | |
| | | | hite Oak, TX 75693 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories alaries/Wages/Cont | | edule) | Check if Austin | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense Contract Labor | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder n | ame O | Office sou | ht | | Office held | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|--|-----------------------------------|------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing E Salaries/V | erhead pense xpens Vages | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | · · · · · · | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| 1 | Sch: 33/44 Rpt: 44/57 | 2 | Hefner, Joseph Cole (The Honorable) | | | | 3 | 00080101 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/13/2024 | | Sanders, Jimmy | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | ode | | | | | |
| | \$2,055.82 | | 1006 S. Cricket | | | | | | | |
| | | | | | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | | |
| 8 | PURPOSE | (0) | | | (h) | Description | | | | |
| ð | OF | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | iedule) | (u) | Description | outsi | de of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | officeholder living expense | | |
| | | | | | | Block Walkin | g C | ontract Labor | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ight | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 03/01/2024 | | Schlotzsky's | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | nde | | | | | |
| | \$29.61 | | 720 U.S. Hwy 271 N. | , zip cc | Juc | | | | | |
| | φ29.01 | | 720 0.3. Hwy 271 N. | | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Food/Beverage Expense | iedule) | (b) | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense ISS Officeholder Matters | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ight | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 02/28/2024 | | Seasons Gift Company | | | | | | | |
| | Amount (\$) | | | ; Zip Co | nde | | | | | |
| | \$300.00 | | 118 W 2nd St | , zip oc | Juc | | | | | |
| | \$500.00 | | | | | | | | | |
| | | | Mount Pleasant, TX 75455 | | - | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Event Expense | | | | | de of Texas. Complete Schedule T. | | |
| | EXPENDITORE | | | | | | | officeholder living expense | | |
| | | | | | | Event Venue | Re | ntal | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ight | | _ | Office held | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | R BOX 8(a) | | | | | | |
|------------------------------|---|---|--|--|-------------------------------|-------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | pense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | - | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 34/44 Rpt: 45/57 | | Hefner, Joseph Cole (The Honorable) | | | | 00080101 | | | | |
| 4 | Date 03/01/2024 | | Payee name Shell Oil | | | | | | | | |
| 6 | Amount (\$) \$5.99 | | Payee address; City; State; 2241 US Highway 271 N Pittsburg, TX 75686 | Zip Co | de | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | (b) Description Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | ght | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/18/2024 | | Sidekick's Restaurant | | | | | | | | |
| | Amount (\$) \$61.94 | | 903 N Texas St | Zip Co | de | | | | | | |
| PURPOSE OF EXPENDITURE | | | Emory, TX 75440 Category (See Categories listed at the top of this sche Food/Beverage Expense | edule) | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense ISS Officeholder Matters | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | ght | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/18/2024 | | Special Tees & More LLC | | | | | | | | |
| | Amount (\$) \$210.00 | | Payee address; City; State; 112 Davis Street | Zip Co | de | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense | edule) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense er Gifts | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | ght | | Office held | | | | |
| | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | • | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 35/44 Rpt: 46/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | | | |
| 4 | Date 02/28/2024 | 5 Payee name Squarespace Inc. | | | | | | | | |
| 6 | Amount (\$) \$30.91 | Payee address; City; State; Zip Code 225 Varick Street 12th floor New York, TX 10014 4 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Fee | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/29/2024 | Squarespace Inc. | | | | | | | | |
| | Amount (\$) \$30.91 | Payee address; City; State; Zip Code 225 Varick Street 12th floor New York, TX 10014 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/28/2024 | Squarespace Inc. | | | | | | | | |
| | Amount (\$) \$30.91 | Payee address; City; State; Zip Code 225 Varick Street 12th floor New York, TX 10014 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|----------------------|---|--|--|--------------------------|-------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl | Office Polling Printir Salari | Overhe g Expen Ig Exper es/Wage | nse es/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 36/44 Rpt: 47/57 | | Hefner, Joseph Cole (The Honoral | ble) | | | | 00080101 | | | |
| 4 | Date 06/28/2024 | | Payee name Squarespace Inc. | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; S | State; Zip | Code | | | | | | |
| | \$30.91 | 91 225 Varick Street | | | | | | | | | |
| | | | 12th floor | | | | | | | | |
| | | | New York, TX 10014 | | | | | | | | |
| | | <u> </u> | | | | _ | | | | | |
| 8 | PURPOSE OF | | Category (See Categories listed at the top of th | nis schedule) | (b | Description | | | | | |
| | EXPENDITURE | | Fees | | | | | de of Texas. Complete Schedule T. officeholder living expense | | | |
| | | | | | | Website Fee | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office s | sought | t | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/28/2024 | | Squarespace Inc. | | | | | | | | |
| | Amount (\$) | | Payee address; City; S | State; Zip | Code | | | | | | |
| | \$30.91 | I | 225 Varick Street | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | +0002 | | 12th floor | | | | | | | | |
| | | | | | | | | | | | |
| | | | New York, TX 10014 | | | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of th | nis schedule) | (b | Description | | | | | |
| | EXPENDITURE | | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | | | Website Fee | | | | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | Office s | sought | t | | Office held | | | |
| - | Date | | Pavoo namo | | | | | | | | |
| | 04/29/2024 | | Payee name Staples | | | | | | | | |
| | | | · | | | | | | | | |
| | Amount (\$) | I | | State; Zip | Code | | | | | | |
| | \$21.10 | | 2306 S Jefferson Ave | | | | | | | | |
| | | | Mount Pleasant, TX 75455 | | | | | | | | |
| - | PURPOSE | | | | <i>(</i> h | Decorintion | | | | | |
| | OF | | Category (See Categories listed at the top of the Printing Expense | nis schedule) | | Description | outsi | de of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | | | | officeholder living expense | | | |
| | | | | | | Return Addre | ess | Label Printing | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | C | andidate/Officeholder name | Office | sought | t | | Office held | | | |
| | expenditure to benefit C/OI | Н | | | - | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-------------------------------------|---|----------------------------------|---|------------------------------|-------------|---|---|------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mittee Legal Service | ge Expense /lemorials Expense | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | ך ך ך | Transportation E Travel in District Travel Out of Dis | raising Expense quipment & Related Ex strict category not listed abo | |
| 1 | Total pages Cabadula F1 | 1 | | | | | | -iler ID | (Ethios Commissio | n Filore) |
| T | Total pages Schedule F1: Sch: 37/44 Rpt: 48/57 | | Hefner, Joseph Cole | (The Honorable) | | | | -lier ID 00080101 | (Ethics Commissic | on Filers) |
| 4 | Date 03/05/2024 | 5 | Payee name Subway | | | | | | | |
| 6 | Amount (\$) \$27.69 | 7 | Payee address; Cit 325 US Hwy 271 S. Gilmer, TX 75644 | y; State; | Zip Coo | le | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category _{(See Categories} Food/Beverage Expe | | edule) | | n, TX, o | fficeholder living | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder n | ame C | Office soug | ht | | Office he | eld | |
| | Date | | Payee name | | | | | | | |
| | 03/06/2024 | | Subway | | | | | | | |
| | Amount (\$) \$13.95 | | Payee address; Cit 325 US Hwy 271 S. | y; State; | Zip Coo | le | | | | |
| | | | Gilmer, TX 75644 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(See Categories} Food/Beverage Expe | | edule) | | n, TX, o | fficeholder living | | |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Officeholder n | ame C | Office soug | ht | | Office he | eld | |
| | Date | | Payee name | | | | | | | |
| | 03/19/2024 | | Texas Cafe Diner | | | | | | | |
| | Amount (\$) \$49.17 | | Payee address; Cit 2000 Live Oak St | y; State; | Zip Coo | le | | | | |
| | | | Commerce, TX 7542 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories Food/Beverage Expe | | edule) | | ו, TX, ס | fficeholder living | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder n | ame C | Office soug | ht | | Office he | eld | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|-------------------------------|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 38/44 Rpt: 49/57 | Hefner, Joseph Cole (The Honorable) | 00080101 | | | | | |
| 4 | Date | Payee name | | | | | | |
| | 04/25/2024 | Texas Young Republican Federation | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$1,000.00 | 502 Church St | | | | | | |
| | | | | | | | | |
| | | Hutto, TX 78634 | | | | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | | el outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITORE | | tin, TX, officeholder living expense | | | | | |
| | | Convention | Sponsorship | | | | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | |
| ⊨ | Data | | | | | | | |
| | Date | Payee name | | | | | | |
| 06/12/2024 Thrifty Car Rental | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$188.26 | 1009 Rental Car Dr | | | | | | |
| | | Morrisville, NC 27560 | | | | | | |
| ⊢ | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF | | el outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | tin, TX, officeholder living expense | | | | | |
| | | Vehicle Rer | ntal for Diverted Washington DC Flight | | | | | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | andidate/Officeholder name Office sought | Office held | | | | | |
| ⊨ | Date | Payee name | | | | | | |
| | 04/22/2024 | Town Lake Residences Parking | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$25.00 | 507 S 1st St | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78704 | | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | | el outside of Texas. Complete Schedule T. | | | | | |
| | | Check if Aus Parking | tin, TX, officeholder living expense | | | | | |
| | | Parking | | | | | | |
| _ | Complete ONLY if direct | andidata/Officeholder name | Office hold | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | R BOX 8(a) | | | | |
|---|---|----------|---|--|-------------------------------|---|--|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I | Office Ove Polling Exp Printing Ex Salaries/W | pense /ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 39/44 Rpt: 50/57 | | Hefner, Joseph Cole (The Honorable) | | | | 00080101 | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 06/10/2024 | | Tricia's Rose City Framing | | | | | | |
| 6 | Amount (\$) \$290.38 | 7 | Payee address; City; State; 214 Shelley Dr Tyler, TX 75701 | Zip Co | de | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | cuuic) | Check if travel | , тх, | de of Texas. Complete Schedule T. officeholder living expense hing | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 06/12/2024 | | Uber | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | _ | |
| | \$26.03 | | 1455 Market St. | • | | | | | |
| | | | #400 | | | | | | |
| | | | San Francisco, CA 94103 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Travel Out of District | edule) | | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name C | Office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 06/14/2024 | | Uber | | | | | | |
| | Amount (\$) | \vdash | Payee address; City; State; | Zip Co | de | | | - | |
| | \$20.94 | | 1455 Market St. | | | | | | |
| | | | #400 | | | | | | |
| | | | San Francisco, CA 94103 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | — | |
| | OF EXPENDITURE | | Travel Out of District | , | Check if travel of | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Dffice sou | ght | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|--|--|----|-------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Food/Awards/Memorials Expense Food/Memorials Expense Food/Memori | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 40/44 Rpt: 51/57 | | | | | | | |
| 4 | Date 05/06/2024 | | Payee name United States Postal Service | | | | | |
| 6 | Amount (\$) | | | Zin Cor | | | | |
| 0 | \$204.00 | | | | | | | |
| | | | Pittsburg, TX 75686 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sched Mailing Expense | lule) | | | de of Texas. Complete Schedule T. . officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Off | fice soug | ht | | Office held | |
| | Date | | Payee name | | | | | |
| | 04/18/2024 | | Vfit Productions | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Coo | е | | | |
| | \$55.98 | | 2001 S. Staples | • | | | | |
| | | | Suite 202 | | | | | |
| | | | Corpus Christi, TX 78404 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schede Fees | lule) | | , TX, | de of Texas. Complete Schedule T. . officeholder living expense On Fee | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Off | fice soug | ht | | Office held | |
| | Date | | Payee name | | | | | |
| | 06/12/2024 | | Vici Media Group | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Coo | е | | | |
| | \$147.35 | | 5101 Bonneville Bend | | | | | |
| | | | Austin, TX 78744 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sched Fees | lule) | | , TX | de of Texas. Complete Schedule T. officeholder living expense nance Fee | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Off | fice soug | ht | | Office held | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|--|------------------------------|--------------|------------------|--|---|------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Gift/Awards/Me mittee Legal Services | | | | | Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not li | elated Expense | |
| _ | | | | ion Guide explains i | now to com | piete this form. | - | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | - | nmission Filers) |
| | Sch: 41/44 Rpt: 52/57 | | Hefner, Joseph Cole (| The Honorable) | | | | 00080101 | |
| 4 | Date 04/09/2024 | 5 | Payee name Vista Print | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Code | 9 | | | |
| | \$426.99 | | | | | | | | |
| | | | Boston, MA 02284 | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories lis | sted at the top of this sche | edule) (k | Description | | | |
| | EXPENDITURE | | Printing Expense | | | | | de of Texas. Complete Schedule | т. |
| | | | | | | Campaign Lit | | officeholder living expense | |
| | | | | | | Campaign Li | | aure Frinding | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder na | me C | Office sough | nt | | Office held | |
| | _ | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 02/26/2024 | | Walmart | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Code | 9 | | | |
| | \$30.15 | | 1102 US Hwy 271 N | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(See Categories lis} Food/Beverage Exper | | edule) (k | Check if Austin | n, TX, | de of Texas. Complete Schedule officeholder living expense JSS Officeholder Matte | |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Officeholder na | me C |)ffice sough | it | | Office held | |
| | Date | | Payee name | | | | | | |
| | 02/28/2024 | | Walmart | | | | | | |
| | Amount (\$) | - | Payee address; City; | State [.] | Zip Code | 2 | | | |
| | \$54.09 | | 1102 US Hwy 271 N | | p 000 | - | | | |
| | | | Gilmer, TX 75644 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See Categories lis} Advertising Expense | sted at the top of this sche | edule) (k | | n, TX, | de of Texas. Complete Schedule officeholder living expense Greeting | т. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder na | me C |)ffice sough | it | | Office held | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----|--|---|-------------|----------|-----------------|---|--|-------------------------|-----|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Reintal Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission File | rs) |
| - | Sch: 42/44 Rpt: 53/57 | - | Hefner, Joseph Cole (The Honorable) 00080101 | | | | | | | (| .0) |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/28/2024 | | Walmart | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; State | e; Zip Co | de | | | | | |
| | \$54.09 | | 1102 US Hwy 271 | N | | | | | | | |
| | | | - | | | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | | | |
| _ | 51155005 | | | | | <u> </u> | | | | | |
| 8 | PURPOSE OF | (a) | | ies listed at the top of this sc | hedule) | (b) | Description | | da af T aura - Oama | data Oakadada T | |
| | EXPENDITURE | | Advertising Expen | se | | | | | de of Texas. Comp officeholder living | | |
| | | | | | | | Canopy for P | | | expense | |
| | | | | | | | Canopy for f | | Oreeting | | |
| _ | Complete ONIL V if direct | | Sendidate (Office helds | | Office cour | | | | Office he | 14 | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholde | r name | Office sou | gnt | | | Office he | IQ | |
| | Date | | Payee name | | | | | | | | |
| | 03/04/2024 | | Walmart | | | | | | | | |
| | Amount (\$) | | Payee address; | City; State | e; Zip Co | db | | | | | |
| | | | 2 | | ε, Ζιρ Co | ue | | | | | |
| | \$67.72 | | 1102 US Hwy 271 | N | | | | | | | |
| | | | Gilmer, TX 75644 | | | | | | | | |
| | PURPOSE | (a) | | ies listed at the top of this sc | bodulo) | (b) | Description | | | | |
| | OF | . , | Food/Beverage Ex | | incuaic) | ., | | outsi | de of Texas. Comp | lete Schedule T. | |
| | EXPENDITURE | | | p 0 0 0 | | | Check if Austin | ı, ТХ, | officeholder living | expense | |
| | | | | | | | Food and Be | ver | age for Elect | ion Day Gathering | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | (| Candidate/Officeholde | r name | Office sou | ght | | | Office he | ld | |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| - | Date | | Payee name | | | | | | | | |
| | 03/29/2024 | | Walmart | | | | | | | | |
| | | | | | e; Zip Co | do | | | | | |
| | Amount (\$) | | - | City; State | e, zip co | ue | | | | | |
| | \$18.03 | | 135 NE Loop 564 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Mineola, TX 75773 | 8 | | | | | | | |
| | PURPOSE | (a) | Category (See Catego | ies listed at the top of this sc | hedule) | (b) | Description | | | | |
| | OF | | Office Overhead/F | | , | | Check if travel | outsi | de of Texas. Comp | lete Schedule T. | |
| | EXPENDITURE | | | | | | Check if Austin | ı, ТХ, | officeholder living | expense | |
| | | | | | | | District Office | e Si | upplies | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholde | r name | Office sou | ght | | | Office he | ld | |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| - | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|-----|---------------|---|---------------------|--|--------------------------------|----------------------|-------|---|-------------------|-----------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services | s Expense | Office Ove Polling Exp Printing Ex Salaries/W | rhead pense pens ages | e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Relat | |
| | | | | The Instruction G | uide explains | how to co | nple | ete this form. | - | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Comr | nission Filers) |
| | Sch: 43/44 Rpt: 54/57 | | Hefner, Jos | eph Cole (The | Honorable) | | | | | 00080101 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 04/02/2024 | | Walmart | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | de | | | | | |
| | \$3.98 | | 135 NE Loo | op 564 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Mineola, TX | (75773 | | | | | | | | |
| 8 | PURPOSE | (0) | | | | | (h) | Description | | | | |
| ° | OF | (a) | | ee Categories listed at head/Rental Ex | | iedule) | (u) | Description | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Onice Over | | pense | | | | | officeholder living | | |
| | | | | | | | | District Office | e Si | ipplies | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 05/16/2024 | | Walmart | | | | | | | | | |
| _ | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | | |
| | \$45.77 | | 105 E Cent | | | , | | | | | | |
| | ¢ lott l | | 100 2 0011 | onna Biva | | | | | | | | |
| | | | Lindale, TX | 75771 | | | | | | | | |
| | PURPOSE OF | (a) | | ee Categories listed at | the top of this sch | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Food/Beve | rage Expense | | | | | | de of Texas. Com officeholder living | | |
| | | | | | | | | District Office | | - | Copense | |
| | | | | | | | | | | .ppco | | |
| _ | Complete ONLY if direct | | | iceholder name | (| Office sou | thr | | | Office he | h | |
| | expenditure to benefit C/OI | | | | | | Jin | | | Onice ne | | |
| _ | | 1 | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/27/2024 | | Whataburg | | | | | | | | | |
| | Amount (\$) | | Payee addre | | State | ; Zip Co | de | | | | | |
| | \$16.46 | | 892 US Hw | y 271 N | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Gilmer, TX | 75644 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed at | the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beve | rage Expense | | | | | | de of Texas. Com | | |
| | | | | | | | | | | officeholder living | | |
| | | | | | | | | Meeting to Di | ISCL | ISS Officeho | ider Matters | ó |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office he | eld | |
| | | • | | | | | | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|-------------------------------------|---|---|---|--|---|---|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Re Office Ov Polling E Printing I Salaries/ | payme verhea xpens Expen Wage | ent/Reimbursement Id/Rental Expense e se s/Contract Labor | | Transportation E Travel in District Travel Out of Dis | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 44/44 Rpt: 55/57 | | Hefner, Joseph Cole (The Honorab | le) | | | | 00080101 | |
| 4 | Date 03/06/2024 | | Payee name Whataburger | | | | | | |
| 6 | Amount (\$) \$22.51 | | Payee address; City; St 892 US Hwy 271 N Gilmer, TX 75644 | ate; Zip C | ode | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Food/Beverage Expense | s schedule) | (b) | | , TX, | , officeholder living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | ught | | | Office he | əld |
| | Date | | Payee name | | | | | | |
| | 03/07/2024 | | Whataburger | | | | | | |
| | Amount (\$) \$15.53 | | Payee address; City; St 1021 E Lennon Dr Suite 100 Emory, TX 75440 | ate; Zip C | ode | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Food/Beverage Expense | s schedule) | (b) | | , TX, | , officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office he | eld |
| | | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | 1 | | ages Schedule K: ./1 Rpt: 56/57 |
|---|--------------|-----|---|---------------|-----------|------------------------------------|
| 2 | FILER NAME | | | 3 | | (Ethics Commission Filers) |
| | Hefner, Jose | ph | Cole (The Honorable) | | 00080 | 101 |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) |
| | 04/30/2024 | | Grand Hyatt San Antonio | | | \$353.67 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | |
| | | | | | | |
| | | | | | | |
| | | | San Antonio, TX 78205 | | | |
| | | 7 | | eck if politi | cal conti | ribution returned to filer |
| | | | Refund for double charge | | | |
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| The Inst | uction Guide explains how to complete tl | his form. | 1 Total pages Schedule T: Sch: 1/1 Rpt: 57/57 | | | | | | | | |
|--|--|-----------------------|--|------------------|--|--|--|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Con | nmission Filers) | | | | | | | |
| Hefner, Joseph | Cole (The Honorable) | | 00080101 | | | | | | | | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | | | | | | |
| American Airline | American Airlines | | | | | | | | | | |
| 5 Contribution / Expenditure reported on: | | | | | | | | | | | |
| Schedule A2 | | | | | | | | | | | |
| Schedule F2 | Schedule F4 | Schedule H | Schedule COH-UC | | | | | | | | |
| 6 Dates of Travel 7 Name of person(s) traveling | | | | | | | | | | | |
| | Hefner, Cole (Rep.) | | | | | | | | | | |
| | 8 Departure city or name of departure location | | | | | | | | | | |
| 06/10/2024 | Dallas | | | | | | | | | | |
| | 9 Destination city or name of destination location | | | | | | | | | | |
| 06/13/2024 | Washington DC | | | | | | | | | | |
| 10 Means of transpor | ation 11 Purpose of travel (including name of cor | nference, seminar, or | r other event) | | | | | | | | |
| Commercial Airp | lane Travel to Washington DC to Hold M | leetings Regarding | Officeholder Matters | | | | | | | | |
| Name of Contribut | or / Corporation or Labor Organization / Pledgor /Payee | | | | | | | | | | |
| Thrifty Car Renta | | | | | | | | | | | |
| Contribution / Exp | enditure reported on: | | | | | | | | | | |
| Schedule A2 | Schedule B Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | | | | |
| Schedule F2 | Schedule F4 | Schedule H | Schedule COH-UC | | | | | | | | |
| | | | | | | | | | | | |
| Dates of Travel | Name of person(s) traveling | | | | | | | | | | |
| | Hefner, Cole (Rep.) | | | | | | | | | | |
| | Departure city or name of departure location | | | | | | | | | | |
| 06/10/2024 | Morrisville, North Carolina | | | | | | | | | | |
| | Destination city or name of destination location | | | | | | | | | | |
| 06/10/2024 | Washington, DC | | | | | | | | | | |
| Means of transpor | | | | | | | | | | | |
| Commercial Aut | omobile Rental Vehicle Travel from Morrisvi | lle, North Carolina | to Washington, DC after C | Driginal Flight | | | | | | | |
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