FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 25 00087717 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Joe E. NAME Date Received **ELECTRONICALLY FILED** 08/07/2024 NICKNAME LAST **SUFFIX** Collins Ш CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 2701 W 15TH ST MAILING Amount Receipt # **ADDRESS** Change of Address PLANO, TX 75075 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Joe E. NAME NICKNAME LAST **SUFFIX** Collins Ш STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2701 W. 15th St. **ADDRESS** (Residence or Business) Plano, TX 75075 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (858) 882-7712 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit **PERIOD** Month Day Month Day Year Year **COVERED** 01/26/2024 **THROUGH** 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

None District HD 70 Collin

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General

Special

12 OFFICE SOUGHT (if known)

State Representative District HD 70

Version V3.5.1.5b35d027

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Collins III, Joe E. (Mr	.)	14 Filer ID (E 00087717	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	holder's knowledge or	
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (OTHER THAI			
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLY)	\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 3,960.38	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS			\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 7,277.19	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 3,960.38	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,316.81	
17 AFFIDAVIT	•			•	
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mr.	Joe E. Collins III		
		Signature of	Candidate or Officehold	ler	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 25 18 FILER NAME 19 Filer ID (Ethics Commission Filers) 00087717 Collins III, Joe E. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 3,960.38 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 7,277.19 \$ 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 \$ 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.

TO FILER

\$

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/25		
2	FILER NAME Collins III, Joe E. (Mr.)			3	Filer ID (Ethics Commission 00087717	on Filers)
4	Date 02/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Collins III, Joe 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,360.38	
8	Principal occu	Plano, TX 75075 upation / Job title (See Instructions)	9 Employer (See Instructions	 - S)		
	Candidate	,	Campaign	,		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_ McKee, Aaron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Drivainal accu	San Antonio, TX 78209	Faralousy (Coo Instructional			
	Principal occupation / Job title (See Instructions) Employer (See Instructions Retired Retired		5)			
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Wilhoit, Randy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75252 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Retired		Retired			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 5/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	02/14/2024	48 Hour Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.50	14518 Sylvan St
		Van Nuys, CA 91411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	01/26/2024	Anedot
L		
	Amount (\$) \$100.30	Payee address; City; State; Zip Code
	Φ100.50	1920 McKinney Ave
		7th floor
L		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Fees
		ordan dara rees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/31/2024	Anedot
L	Amount (\$)	
	\$4.30	Payee address; City; State; Zip Code 1920 McKinney Ave
	φ4.50	
		7th floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Fees
		0.00.1.00.1.0.1
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Fayment	The Instruction Guide explains how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)		
Sch: 2/21 Rpt: 6/25	Collins III, Joe E. (Mr.)		00087717			
4 Date	5 Payee name		•			
01/31/2024	AxCapital					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$1,050.00	502 6th St					
	Hudson, WI 54016					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Consulting Expense		avel outside of Texas. Com			
		. —	ustin, TX, officeholder living Ce Consulting	expense		
		Complianc	Le Consuling			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office he	nld		
expenditure to benefit C/O		agni	Office fie	au		
Data						
Date 02/07/2024	Payee name					
	Bluehost.com					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$24.87	1500 N Priest Dr					
	Suite 200					
	Tempe, AZ 85281					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Office Overhead/Rental Expense	ı =	avel outside of Texas. Com ustin, TX, officeholder living			
		Website	,	,,		
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	H					
Date	Payee name					
02/14/2024	Bluehost.com					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$69.98	1500 N Priest Dr					
	Suite 200					
	Tempe, AZ 85281					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF	Office Overhead/Rental Expense		avel outside of Texas. Com	plete Schedule T.		
EXPENDITURE	<u>'</u>		ustin, TX, officeholder living	expense		
		Website				
		<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office he	eld		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 7/25	Collins III, Joe E. (Mr.)	00087717
4	Date	5 Payee name	
	01/31/2024	Cambria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$109.47	3605 Shire Blvd	
		Richardson, TX 75082	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		de of Texas. Complete Schedule T. officeholder living expense
		Lodging	omeender hving expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	02/05/2024	Chain Bridge Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1445A Laughlin Ave	
		McLean, VA 22101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside	de of Texas. Complete Schedule T.
	LAFLINDITORL		officeholder living expense
		Bank Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	U	Since field
	Date	Dougo name	
	02/22/2024	Payee name Event Brite	
	Amount (\$) \$42.42	Payee address; City; State; Zip Code 209 10th Ave S	
	Ψτ2.τ2	#300	
		Nashville, TN 37203	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside	de of Texas. Complete Schedule T.
	EXPENDITURE	1 1 663	officeholder living expense
		Event Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beriefft C/OI	л	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	-	te this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 4/21 Rpt: 8/25	Collins III, Joe E. (Mr.)		00087717
4	Date	5 Payee name		<u> </u>
	01/29/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$75.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Advertising/Marketing
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	02/07/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$54.49	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Advertising
	Complete ONLY if direct	Condidate/Officeholder name Office cours	ht	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ΠL	Office held
	Date	Payee name		
	02/12/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$2.00	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Advertising
				, w. 5.45mg
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	9		Office Held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
⊢		
1	Total pages Schedule F1: Sch: 5/21 Rpt: 9/25	2 FILER NAME Collins III, Joe E. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087717
Ŀ	<u> </u>	
4	Date	5 Payee name
	02/12/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1 Hacker Wy
	72.00	
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┕		
	Date	Payee name
	02/12/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Hacker Wy
	72.00	
L		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Advertising
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	02/12/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1 Hacker Wy
		Menlo Park, CA 94025
\vdash	PURPOSE	Tax.
	OF	
	EXPENDITURE	Advertising Expense 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
		Advertising
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	portantare to borront 0/01	
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 10/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	02/12/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1 Hacker Wy
		Menlo Park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
		· · · · · · · · · · · · · · · · · · ·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/12/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Advertising
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Data	
	Date	Payee name
	02/12/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising
_	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/21 Rpt: 11/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	02/12/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1 Hacker Wy
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	02/12/2024	Facebook
	Amount (\$)	
	\$2.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
		, avoidaling
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/12/2024	Facebook
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1 Hacker Wy
	Ψ0.00	Thunker wy
		Menlo Park, CA 94025
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/21 Rpt: 12/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	02/13/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.37	1 Hacker Wy
		Menlo Park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
		, tarontoning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	02/13/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Advertising
L	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	02/13/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Advertising
lacksquare	Complete CNUV'S	Condidate (Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 13/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	02/13/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	1 Hacker Wy
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/13/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
		, at ordering
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/14/2024	Facebook
H	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1 Hacker Wy
	Ψ00.00	Thatain wy
		Menlo Park, CA 94025
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 14/25	Collins III, Joe E. (Mr.)		00087717
4	Date	5 Payee name		
	02/14/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$25.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE OF	,	ا (d آ	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	İ	Check if Austin, TX, officeholder living expense
			,	Advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experientare to benefit Great	'		
	Date	Payee name		
	02/15/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$50.00	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE OF	,	b) I	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	İ	Check if Austin, TX, officeholder living expense
			,	Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experientare to benefit G/OI	'		
	Date	Payee name		
	02/16/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$75.00	1 Hacker Wy		
		Marila Dark GA 04005		
		Menlo Park, CA 94025		
	PURPOSE OF	, , ,	b) I	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	ļ	Check if Austin, TX, officeholder living expense
				Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experientare to benefit C/OI	•		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 15/25	Collins III, Joe E. (Mr.)		00087717
4	Date	5 Payee name		
	02/20/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$175.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Advertising
l				G .
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	02/20/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$125.00	1 Hacker Wy		
l				
l		Menlo Park, CA 94025		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Advertising
l				Auvertising
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Jaht	Office held
	expenditure to benefit C/OI			
H	Date	Payee name		
l	02/23/2024	Facebook		
⊢	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$250.00	1 Hacker Wy		
l		•		
l		Menlo Park, CA 94025		
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Advertising Expense	()	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Advertising
dash	Complete ONLY if dies -t	Condidate/Officeholder nema	lakt.	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held
L				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 16/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	01/29/2024	Free Play Arcade
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.96	1730 E Belt Line Rd
		Richardson, TX 75081
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage
		1 ood and beverage
<u>_</u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	01/29/2024	Free Play Arcade
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.92	1730 E Belt Line Rd
		Richardson, TX 75081
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage
		1 ood and beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/29/2024	Free Play Arcade
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.57	1730 E Belt Line Rd
		Richardson, TX 75081
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and Beverage
		Food and beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/21 Rpt: 17/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	01/29/2024	Free Play Arcade
6	Amount (\$) \$25.98	7 Payee address; City; State; Zip Code 1730 E Belt Line Rd
	φ25.96	1730 E Beit Line Ru
		Richardson, TX 75081
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and Beverage
		, and the second second second second second second second second second second second second second second se
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1600 Amphitheatre Pkwy
	420.00	
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payoo namo
	02/15/2024	Payee name Google
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy
	φ30.00	1000 Amphilileatie Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		Auvertiality
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 18/25	Collins III, Joe E. (Mr.)		00087717
4	Date	5 Payee name		'
	02/01/2024	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1.48	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
8	PURPOSE		(h)	Description
ľ	OF	Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Office Subscriptions
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	experientare to benefit 6/61	'		
	Date	Payee name		
	02/12/2024	Grab and Go		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$55.54	4411 Broadway Ave		
		# A		
		Haltom City, TX 76117		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Food and Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	~	JIIL	Office field
-	Data			
	Date	Payee name		
	02/05/2024	HDConvert.com		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$4.99	100 Congress Ave		
		Austin, TX 78701		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Office Subscriptions
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 19/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	01/29/2024	HUTCHINS LIQUOR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.20	801 W Palestine St
		Hutchins, TX 75141
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and Beverage
		1 dod and Borolago
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Date	Para a same
		Payee name
	01/29/2024	Harper's Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.04	2525 Elm St Suite #150
		Suite #150
		Dallas, TX 75226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	In The Da
	Amount (\$)	Payee address; City; State; Zip Code
	\$741.76	209 10th Ave S
		#300
		Nashville, TN 37203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 16/21 Rpt: 20/25	Collins III, Joe E. (Mr.)	00087717	
4	Date	5 Payee name		•
	02/02/2024	In-And-Out		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$22.41	2740 N Central Expy		
		Plano, TX 75074		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Food and Beverage
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	02/14/2024	Jamaica MI		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$49.39	8702 S Lancaster Rd		
		#110		
		Dallas, TX 75241		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	_/			Check if Austin, TX, officeholder living expense
				Food and Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/OI		yııı	Office field
_	Data			
	Date 02/04/2024	Payee name		
		Kinder, Margie		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$1,500.00	2701 W 15th St		
		Plano, TX 75075		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Consulting
				- 3
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		٠.٠	

SCHEDULE F1

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

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 21/25	Collins III, Joe E. (Mr.) 00087717
4	Date	5 Payee name
	02/09/2024	Lucky One Agency
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	11200 Rockville Pike
		#500
		Rockville, MD 20852
8	PURPOSE	I
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	Overtime Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.39	5201 N Beach st
	Ψ30.33	#111
		Fort Worth, TX 76137
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and Beverage
		l coa ana zovotago
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/30/2024	Pilot
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.96	1000 NE Loop 820
		Fort Worth, TX 76106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel
	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 6/01	•

SCHEDULE F1

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

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

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

Credit Card F ayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 18/21 Rpt: 22/25	Collins III, Joe E. (Mr.)		00087717	
4 Date	5 Payee name		•	
02/22/2024	Pilot			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$39.86	1000 NE Loop 820			
	Fort Worth, TX 76106			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	ı –	vel outside of Texas. Com	
		Travel	stin, TX, officeholder livinç	g expense
		Traver		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught	Office he	old
expenditure to benefit C/C		ugnt	Office In	ciu
Data				
Date 02/01/2024	Payee name Quality Inn			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$72.32	1616 N Central Expy			
	Plano, TX 75074			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Lodging	ı <u>—</u>	vel outside of Texas. Com stin, TX, officeholder livinç	
		Lodging	•	,
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/C	DH			
Date	Payee name			
02/01/2024	Quik Trip			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$37.47				
	Plano, TX 75074			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Travel In District	Check if tra	vel outside of Texas. Com	•
EXPENDITURE		_	stin, TX, officeholder living	g expense
		Travel		
0 1. 2		1.	٠	
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office so OH	ught	Office he	eld

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		District a category not listed above)
1	Total pages Schedule F1: Sch: 19/21 Rpt: 23/25		(Ethics Commission Filers)
4	·	I I	
4	Date	5 Payee name	
	02/12/2024	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.84	4 2001 N Central Expy	
		Richardson, TX 75080	
8	PURPOSE	(a) Cotogony (b) Deceription	
١	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Co	mnlete Schedule T
	EXPENDITURE	Check if Austin, TX, officeholder livin	
		Travel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	neld
	expenditure to benefit C/O		Total
_			
	Date	Payee name	
	02/13/2024	Sonesta Select	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.43	3 4701 Legacy Dr	
		Plano, TX 75024	
	DUDDOGE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chaple if travel outside of Taxos Co	mploto Cohodulo T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	-
		Food and Beverage	ig enpense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	held
	expenditure to benefit C/O		iciu
	·		
	Date	Payee name	
	02/20/2024	The Standard Pour	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.95	5 2900 McKinney Ave	
		Dallas, TX 75204	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Co	mnlete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	
		Food and Beverage	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	reld
	expenditure to benefit C/O		1014

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/21 Rpt: 24/25		Collins III, Joe E. (Mr.)		00087717
4	Date	5	Payee name		<u>'</u>
	02/12/2024		Uber		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$40.42		1515 3rd St,		
			San Francisco, CA 94158		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	``	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Travel
9	Complete ONLY if direct	Ц	Candidate/Officeholder name Office sou	ıaht	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	igni	Office field
_	<u> </u>	_			
	Date		Payee name		
	01/31/2024		Walmart		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$67.13		608 SW 8th St		
		L	Bentonville, AR 72712		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Office Supplies
					••
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	02/12/2024		Wishbone and Flynt		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$37.48		334 Bryan Ave		
			Fort Worth, TX 76104		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	ľ` <i>′</i>	Food/Beverage Expense	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Food and Beverage
	Operation ON IV III		On didata (Office helden and		0#
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ignt	Office held
L					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)		
		_			uide explains no	w to con	пріє	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 21/21 Rpt: 25/25		Collins III, Jo	oe E. (Mr.)						00087717		
4	Date	5	Payee name									
	02/05/2024		Wix									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zin Cor	de.					
ľ	\$34.00	ľ	6701 Harwir		State,	Zip Cot	uc					
	Ψ54.00			101.								
			#105									
			Houston, TX	(77036								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			nplete Schedule T.	
	ZA ZHOHOKZ							_	, TX,	officeholder livin	g expense	
								Website				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	ice souç	ght			Office h	eld	
	experialture to benefit C/Oi	П										
	Date		Payee name									
	02/02/2024		XCLUSI									
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Cod	de					
	\$150.00		444 Kimmel		,							
	Ψ100.00		TTT INITIAL	D ,								
			0 1 1 1 1 1 1	5) 75404								
			Cedar Hill, T	X 75104								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Printing Exp	ense				=			nplete Schedule T.	
								Printing	, ΙΛ,	officeholder livin	g expense	
								Timung				
_	Complete ONLY if direct	<u> </u>	Condidate/Offic		0"		la 4			Office le	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Оп	ice souç	gnt			Office h	eia	
	Date		Payee name									
	02/05/2024		Zoho Corp									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$788.00		4708 E Hwy	71								
			Del Valle, T	X 78617								
	DUDDOOF	(-)					(I-)					
	PURPOSE OF	(a)		e Categories listed at	the top of this sched	ule)	(D)	Description	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Advertising I	Expense				브		officeholder livin		
								Advertising			3 - 1	
								J				
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	reholder name	Off	ice soug	thr			Office h	eld	
	expenditure to benefit C/OI		Janadato/Offic	consider name	Oil	.sc soug	9.16			Office II		
L												