

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088220	<b>2</b> Total pages filed: 16	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Tony	MI MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Adams	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7548 Preston Rd. Ste. 141 #220 Frisco, TX 75034			Date Hand-delivered or Date Postmarked
				Receipt #
				Amount
				Date Processed
Date Imaged				
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Karla	MI MI	
	NICKNAME	LAST Massey	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2159 Spencer Ln.  Carrollton, TX 75010			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 780-8680	EXTENSION	
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 01/01/2024	THROUGH	Month    Day    Year 06/30/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) None Collin		<b>12</b> OFFICE SOUGHT (if known) State Representative District 61	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Adams, Tony (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088220
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,429.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 851.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 Mr. Tony Adams  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Adams, Tony (Mr.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00088220
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,429.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 851.80
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 4/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 04/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Beckie (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75060	
<b>8</b> Principal occupation / Job title (See Instructions) None		<b>9</b> Employer (See Instructions) None
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berndt, Trey (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McKinney, TX 75070	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) None
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brosnihan, Kerry (Mrs.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78738	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carol, Bartsch (Mrs.)	Amount of Contribution (\$)  \$8.00
	Contributor address; City; State; Zip Code  Austin, TX 77573	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christina, De Los Santos (Mrs.)	Amount of Contribution (\$)  \$17.00
	Contributor address; City; State; Zip Code  Austin, TX 78757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 5/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 06/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Elton (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diana, Spain (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donald, Smith (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78752	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elaine, Robbins (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hedrich, Michaelсен (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 6/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 03/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hung, Tran (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  ST PAUL, TX 75098	
<b>8</b> Principal occupation / Job title (See Instructions) GIS Analyst		<b>9</b> Employer (See Instructions) None
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) J Emil, Hunziker (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78751	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Amatucci (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nashua, NH 03062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jay, Hiller (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78726	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jernigan, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 7/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 03/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jessup, Natalie (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartselle, AL 35640	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) None		<b>9</b> Employer (See Instructions) None
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Julie, Oliver (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kamanth, Anand (Mr.) <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$88.00
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) None
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kathleen, McDonagh (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kathryn, Rogers (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 8/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenneth, Gober (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keysor, Georgia (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78722	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lynn, Stewart (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78723	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M, Ward (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  League City, TX 78660	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Megan, Field (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 75071	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 9/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 06/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mollie, Snow (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 78750		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  McKinney, TX 75071		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  McKinney, TX 75071		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.)	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  McKinney, TX 75071		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 10/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 04/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.) <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munro, Marilyn (Mrs.) <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nina, Brodsky (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Overton, David (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 11/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pamela D, Pruitt (Mrs.)	<b>7</b> Amount of Contribution (\$) \$4.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Michala (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Irving, TX 75060	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sam, Arnold (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Austin, TX 78753	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelley, Allison (Mrs.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shirk, Cindy (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  The Colony, TX 75056	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 12/16
<b>2</b> FILER NAME Adams, Tony (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 04/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shirk, Cindy (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Colony, TX 75056	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stefan, Fehr (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Virginia, Agnew (Mr.) <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78703	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 13/16	<b>2</b> FILER NAME Adams, Tony (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088220
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<b>4</b> Date 02/19/2024	<b>5</b> Payee name Name badge
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<b>6</b> Amount (\$) \$29.95	<b>7</b> Payee address; City; State; Zip Code 12240 SW 53rd Street Suite 511 Cooper City, FL 33330
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Name badge
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2024	Payee name PostNet
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Amount (\$) \$9.99	Payee address; City; State; Zip Code Bugo LLC 2831 St Rose Pkwy Suite 244 Henderson, NV 89052
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign MailBox
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/19/2024	Payee name PostNet
--------------------	-----------------------

Amount (\$) \$9.99	Payee address; City; State; Zip Code Bugo LLC, 2831 St. Rose Pkwy Suite 244 Henderson, NV 89052
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign MailBox
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 14/16	<b>2</b> FILER NAME Adams, Tony (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 04/06/2024	<b>5</b> Payee name PostNet	
<b>6</b> Amount (\$) \$9.99	<b>7</b> Payee address; City; State; Zip Code Bugo LLC, 2831 St. Rose Pkwy Suite 244 Henderson, NV 89052	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign MailBox
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name PostNet	
Amount (\$) \$9.99	Payee address; City; State; Zip Code Bugo LLC, 2831 St. Rose Pkwy Suite 244 Henderson, NV 89052	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign MailBox
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2024	Payee name PostNet	
Amount (\$) \$9.99	Payee address; City; State; Zip Code Bugo LLC, 2831 St. Rose Pkwy, Suite 244 Suite 244 Henderson, NV 89052	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign MailBox
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 15/16	<b>2</b> FILER NAME Adams, Tony (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088220
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<b>4</b> Date 02/03/2024	<b>5</b> Payee name Ricardo Studio
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<b>6</b> Amount (\$) \$70.00	<b>7</b> Payee address; City; State; Zip Code 11216 Klondike Ln  Aubrey, TX 76227
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photo
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/13/2024	Payee name Texas Democratic Party
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Amount (\$) \$100.00	Payee address; City; State; Zip Code C St  El Paso, TX 79901
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dems Convention
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2024	Payee name Texas Signs
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Amount (\$) \$510.00	Payee address; City; State; Zip Code 11621 REEDER RD #200 Dallas, TX 75229
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 4/4 Rpt: 16/16	<b>2</b>	FILER NAME Adams, Tony (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088220
<b>4</b>	Date 04/18/2024	<b>5</b>	Payee name Vista Print		
<b>6</b>	Amount (\$) \$43.34	<b>7</b>	Payee address; City; State; Zip Code 275 Wyman Street  Waltham, MA 02451		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Cards		
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/29/2024		Payee name X Premium Account		
	Amount (\$) \$36.56		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense X premium Account		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/14/2024		Payee name Zoho MailBox		
	Amount (\$) \$12.00		Payee address; City; State; Zip Code 4141 Hacienda Drive  Pleasanton, CA 94588		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Box		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held