FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082184 55 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amanda NAME Date Received **ELECTRONICALLY FILED** 07/12/2024 NICKNAME LAST **SUFFIX** Reichek CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kathy NAME NICKNAME LAST **SUFFIX** Tiritelli **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 505-6398 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 10 District 5 Court Of Appeals, Justice Place 10 District 5

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 55

13 C / OH NAME	Reichek , Amanda (1	he Honorable)		14 Filer ID 00082184	(Ethics Con	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted These expenditures may have d officeholders are required to re	been made without th	he candidate's or off	ficeholder's kr	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	GENERAL					
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUT ES OF LOANS, OR CONTRIBU			\$	0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS	5)	\$	101,642.00	
EXPENDITURE TOTALS					\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	57,314.10	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTA RIOD	INED AS OF THE LA	AST DAY OF THE	\$	139,155.63	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	ANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT							
		true and co	affirm, under penalty prect and includes all 15, Election Code.				
			The Honor	able Amanda Rei	chek		
			Signature of	Candidate or Officel	nolder		
AFFIX NO	ΓARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid		, this the		day	
		ertify which, witness my hand a					
Signature of offic	er administering oath	Printed name of officer ad	dministering oath	Title of office	cer administe	ring oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				С	OVE	R SHEET PG 3 3 of 55
	ILER Reiche		E Amanda (The Honorable)	19 Filer ID 00082184	(Eth	ics Commission Filers)
			SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1	. [X	\$	101,642.00		
2	. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3	. [SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4	. [SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5		X	\$	57,314.10		
6	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
8			SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
g			SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
1	0.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
1	2.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	232.84
					•	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/16 Rpt: 4/55
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 05/17/2024	5 Full name of contributor Alexander, Jerry6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Dallas, TX 75270				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Passman &	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	- II contributor i	s a crima, law iiiii or parcrii(s) (i	i dily)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	05/01/2024 Baron and Blue				\$5,000.00	
		Contributor address; City; Dallas, TX 75205	State, Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/15/2024	Barron, Thomas				\$250.00
		Contributor address; City; Dallas, TX 75204	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	Self Employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	1	Total pages Schedule A(J)1: Sch: 2/16 Rpt: 5/55		
2	FILER NAME Reichek, An	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 05/14/2024	/2024 Bradley, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		Irving, TX 75062				
8		Principal Occupation		9 Contributor's Job Title		
	Accountant			Accountant		
10		employer/law firm ty District Clerk		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/21/2024	Brown, Mark Contributor address; City; S	tate; Zip Code			\$250.00
		Irving, TX 75060		1		
		Principal Occupation		Contributor's Job Title		
	Pilot			Pilot		
	Envoy Airline	employer/law firm		Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (if	any)			
	ii contributor i.	s a crilia, law littii of paretii(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/17/2024	Carrington Coleman Slor Contributor address; City; S Dallas, TX 75202				\$500.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuators	-ппсіраї Оссираціон		Contributor's 30b Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 3/16 Rpt: 6/55
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Reichek , Ai	nanda (The Honorable)			00082184
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/16/2024	Clark, Collen			\$1,000.00
		6 Contributor address; City; S	State; Zip Code		
		Dallas, TX 75219			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney				
10				11 Law firm of contributor's s	spouse (if any)
	CVPA Law				
12	If contributor i	s a child, law firm of parent(s) (if	any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/16/2024	Clouston, Davis	_		\$2,500.00
		Contributor address; City; S	State; Zip Code		···
		Dallas, TX 75230			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Sessions Fi	m			
	If contributor	s a child, law firm of parent(s) (if	any)	J	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/06/2024	Cole, Michael			\$5,000.00
		Contributor address; City; S	State; Zip Code		"
		Dallas, TX 75206			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Self Employ	ed			
	If contributor	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	otal pages Schedule A(J)1: ch: 4/16 Rpt: 7/55
2	FILER NAME				3 Fil	er ID (Ethics Commission Filers)
	Reichek , Ar	manda (The Honorable)			00	0082184
4	Date 05/13/2024	5 Full name of contributor out-of-state PAC (ID#:) Cowles & Thompson PC		7 Ar	nount of Contribution (\$) \$1,500.0	
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75202				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	LO Contributor's employer/law firm 11 Law firm of contributor's sp			spouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if any)			
-	Date	Full name of contributor	out-of-state PAC (ID#	.)	l Ar	mount of Contribution (\$)
	04/17/2024 Cox, Sean Contributor address; City; State; Zip Code				\$250.0	
				+ 200.0		
		Dallas, TX 75313				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Law Offices	of Sean R Cox				
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out-of-state PAC (ID#	:)	Ar	mount of Contribution (\$)
	04/29/2024	Cox, Trey				\$1,000.0
	Contributor address; City; State; Zip Code					
		Dallas, TX 75225				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's s	spouse (if any)
		n & Crutcher				
	If contributor i	s a child, law firm of parent(s) (ir any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/16 Rpt: 8/55	=
2	FILER NAME Reichek , Ar	FILER NAME Reichek , Amanda (The Honorable)			3 Filer ID (Ethics Commission Filers) 00082184	_
4	Date 05/17/2024	Crawford Wishnew Lang, PLLC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00)	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		_
10	.0 Contributor's employer/law firm 11 Law firm of contributor			11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if a	ny)			_
	Date O5/16/2024 Full name of contributor out-of-state PAC (ID#:) Donovsn, Carol Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00	=		
	Contributor's I	Dallas, TX 75214 Principal Occupation		Contributor's Job Title		_
	Not Employe			Not Employed		
	Contributor's e	employer/law firm	ny)	Law firm of contributor's sp	pouse (if any)	_
	Date 04/29/2024	Full name of contributor Frank L. Branson, PC Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$) \$2,500.00)
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	If contributor is	s a child, law firm of parent(s) (if a	ny)			_

MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 6/16 Rpt: 9/55		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Reichek , An	manda (The Honorable)		00082184	
4 Date 05/17/2024	5 Full name of contributor Godwin Bowman PC6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$5,000.00
	Dallas, TX 75201			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	0 Contributor's employer/law firm 11 Law firm of contributor's spo			oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2024			\$250.00	
	Contributor address; City; S Houston, TX 77096	itate; Zip Code		
Contributor's F	IPrincipal Occupation		Contributor's Job Title	
Attorney	inioipai Goodpation		Attorney	
	employer/law firm		Law firm of contributor's sp	nouse (if any)
Arnold & Itkii	• •		Law iiiii oi oonanbatoi o op	ouse (ii uily)
	s a child, law firm of parent(s) (if	anv)		
ii contributor is	s a crima, raw initi of parent(s) (in	arry)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/29/2024	Hallett & Perrin, PC			\$500.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75202			
Contributor's F	Principal Occupation		Contributor's Job Title	
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)	<u></u>	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 7/16 Rpt: 10/55
2	FILER NAME Reichek, Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 04/24/2024	5 Full name of contributor Hallett & Perrin, PC6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Dallas, TX 75202		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	05/14/2024 Hamilton, Chris Contributor address; City; State; Zip Code			\$5,000.00		
		Dallas, TX 75214				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hamilton Wi					
	If contributor is	s a child, law firm of parent(s) (i	fany)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/16/2024	Holmes, James	_			\$50.00
Contributor address; City; State; Zip Code Dallas, TX 75201						
-	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	molpai Cooupaiion		Attorney		
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
	Holmes PLL	С				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/16 Rpt: 11/55
2	FILER NAME Reichek . Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 04/18/2024	5 Full name of contributor Illich, Niles6 Contributor address; City; 9	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75244				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm Scott H Palmer PC			oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/15/2024 James Forsythe, Sherilyn Contributor address; City; State; Zip Code				\$100.00	
	0	Allen, TX 75002		I 0		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Nachawati L	• •		Law iiiii oi continutoi 3 3	Jou	se (ii aiiy)
		s a child, law firm of parent(s) (if	anv)			
		(-), (-)	,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	04/17/2024	Johnson, Bruce	_			\$100.00
		Contributor address; City; S Plano, TX 75024	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	Jaffe & Ashe	er				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/16 Rpt: 12/55
2	FILER NAME Reichek, Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 04/19/2024	5 Full name of contributor Johnson, Christopher6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$100.00
		Farmers Branch, TX 752	234			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm11 Law firm of contributor's sportWaters Kraus Paul & Siegel			oou	se (if any)	
12		s a child, law firm of parent(s) (i	f anv)			
			,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	05/03/2024 Johnson, Wesley Contributor address; City; State; Zip Code			\$25.00		
	Contributor's I	Garland, TX 75043 Principal Occupation		Contributor's Job Title		
	Not Employe			Not Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	05/16/2024	Kastl, Krisi	_		l	\$500.00
	Contributor address; City; State; Zip Code		•			
	0	Dallas, TX 75204		I 0 17 1 1 1 7 1		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
	Contributor's employer/law firm Law firm of contributor's sp			oou	se (if any)	
	Kastl Law PC				(1.)/	
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 10/16 Rpt: 13/55
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Reichek , Ar	manda (The Honorable)			00082184
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/16/2024	Kearney, Kathleen			\$50.00
		6 Contributor address; City;	State; Zip Code		
		Dallas, TX 75219			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
	Kearney Lav	v Firm			
12	2 If contributor i	s a child, law firm of parent(s) (i	if any)	•	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/07/2024	Kent, David	_		\$100.00
		Contributor address; City;	State; Zip Code		·· <mark>·</mark>
		Dallas, TX 75243			
	Contributorio	l		Contributorio lob Titlo	
	Attorney	Principal Occupation		Contributor's Job Title Attorney	
		a manala ya wilaya Sirina			
		employer/law firm ker Biddle & Reath LLP		Law firm of contributor's s	pouse (ii any)
_			if any)		
	ii contributori	s a child, law firm of parent(s) (i	n any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/17/2024	Khirallah, Rachel			\$1,500.00
		Contributor address; City;	State; Zip Code		
		Dallas, TX 75244		_	
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	Khirallah PL	LC			
	If contributor i	s a child, law firm of parent(s) (i	if any)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 11/16 Rpt: 14/55		
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3 Filer ID (Ethics Commission 00082184	Filers)	
4	Date 04/17/2024	5 Full name of contributor Kouzbari, Munear6 Contributor address; City; SDallas, TX 75205	out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	\$250.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	l		
	Owner			Owner			
10	Contributor's e	employer/law firm pine		11 Law firm of contributor's sp	pouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	04/17/2024 Lafitte, Luke Contributor address; City; State; Zip Code Garland, TX 75044					\$250.00	
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's e	employer/law firm		Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if a	any)	I			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	05/13/2024 LeBoeuf Law, PLLC Contributor address; City; State; Zip Code Dallas, TX 75201				\$250.00		
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if a	any)	I.			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 12/16 Rpt: 15/55
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 05/15/2024	5 Full name of contributor Lipp, Dana 6 Contributor address; City; 9	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75220				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Lipp Legal P	employer/law firm 'LLC		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/17/2024 Lynn Pinker Hurst & Schwegmann, LLP Contributor address; City; State; Zip Code					\$1,000.00
	0	Dallas, TX 75201		O antilla de ale Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	05/14/2024 Lyons, Michael Contributor address; City; State; Zip Code Dallas, TX 75201					\$5,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Lyons & Sim	imons LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/16 Rpt: 16/55		
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184		
4	Date 04/17/2024	5 Full name of contributor McGovern, Katherine6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00		
		Dallas, TX 75229						
8		Principal Occupation		9 Contributor's Job Title				
		Not Employed Not Employed						
10	Contributor's e Not Employe	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)		
	05/17/2024 Miller Weisbrod, LLP Contributor address; City; State; Zip Code					\$1,000.00		
		Dallas, TX 75243						
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (i	f any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/29/2024	Rafi, Ayesha	_			\$1,000.00		
Contributor address; City; State; Zip Code Dallas, TX 75220								
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>			
	Attorney			Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Rafi Debose							
	If contributor is	s a child, law firm of parent(s) (i	f any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/16 Rpt: 17/55
2	FILER NAME Reichek , Ar	nanda (The Honorable)			1	Filer ID (Ethics Commission Filers) 00082184
4	Date 05/16/2024	Full name of contributor Schorr, Geoff Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$34,567.00
		Garland, TX 75043				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Schorr Law	employer/law firm Firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/13/2024 Scott Gilmore Thompson, PLLC Contributor address; City; State; Zip Code					\$500.00
_	Contributor's I	Dallas, TX 75202 Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuator 3 i	molpai Occupation		Continuation 5 000 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/18/2024	Siegel, Charles	_			\$1,250.00
Contributor address; City; State; Zip Code Dallas, TX 75230						
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		s Paul & Siegel				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 15/16 Rpt: 18/55
2	FILER NAME Reichek . An	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 05/17/2024	5 Full name of contributor Superior Litigation Servic6 Contributor address; City; S)	7	Amount of Contribution (\$) \$100.00
		Garland, TX 75040		·		
8	Contributor's F	ontributor's Principal Occupation 9 Contributor's Job Title				
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp					se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	04/17/2024 Taylor, Ben Contributor address; City; State; Zip Code			•	\$250.00	
		Dallas, TX 75214		_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm & Associates PC		Law firm of contributor's sp	ous	se (if any)
		s a child, law firm of parent(s) (if	anyl			
	ii contributor i.	s a ciliu, iaw iiiii oi parein(s) (ii	arry			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/17/2024	Tillotson Johnson Patton				\$5,000.00
	Contributor address; City; State; Zip Code		State; Zip Code			
_	Contributor's F	Dallas, TX 75202 Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor 3 i	тпораг Оссираноп		Contributor 3 300 Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A(J)			
	The Instru	ction Guide explains how t	o complete this f	orm.	1 Total pages Sch: 16/16		:
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3 Filer ID (Et 00082184	thics Commissio	on Filers)
4	Date 04/17/2024	5 Full name of contributor Wingo, Paul6 Contributor address; City; StatDallas, TX 75201	out-of-state PAC (ID#:_)	7 Amount of C	contribution (\$)	\$5,000.00
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title	1		
	Attorney	ney Attorney					
10	Contributor's e	employer/law firm ngo LLP		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if an	у)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of C	ontribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:					`,	\$5,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's e	employer/law firm ngo		Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if an	у)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of C	ontribution (\$)	
	05/17/2024 Witherite Law Group, PLLC Contributor address; City; State; Zip Code Dallas, TX 75231					\$5,000.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if an	у)				

SCHEDULE F1

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

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	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: 1/34 Rpt: 20/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	01/23/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$384.31	208 S. Akard
		Dallas, TX 75202
8	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
		Cell phone service
		Con priorite convice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Dougo nama
	01/23/2024	Payee name AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.38	208 S. Akard
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Data plan
_	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.59	208 S. Akard
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Cell phone service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	•

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_			
1	Total pages Schedule F1: Sch: 2/34 Rpt: 21/55	Reichek , Amanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082184
4	Date	5 Payee name	
	02/23/2024	AT&T	
6	Amount (\$) \$104.14	7 Payee address; City; State; Zip Code 208 S. Akard Dallas, TX 75202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/18/2024	AT&T	
	Amount (\$) \$121.41	Payee address; City; State; Zip Code 208 S. Akard	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/25/2024	AT&T	
	Amount (\$) \$99.14	Payee address; City; State; Zip Code 208 S. Akard	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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)

l	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 File	ers)
	Sch: 3/34 Rpt: 22/55	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
L	04/15/2024	AT&T	
6	Amount (\$) \$121.41	7 Payee address; City; State; Zip Code 208 S. Akard	
		Dallas, TX 75202	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell phone service	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	
	04/23/2024	AT&T	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.02	208 S. Akard	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data plan	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
F	Date	Payee name	
	05/15/2024	AT&T	
	Amount (\$) \$121.41	Payee address; City; State; Zip Code 208 S. Akard	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell phone service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/\	Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1: Sch: 4/34 Rpt: 23/55		manda (The Honora	hle)				Filer ID 00082184	(Ethics Commission Filers)
4		_	manda (THE HOHOIA	<i>)</i>				55002104	
4	Date 05/23/2024	5 Payee name AT&T							
6	Amount (\$)	7 Payee addre		State; Zip Co	ode				
	\$106.02	208 S. Akaı	rd						
		Dallas, TX	75202						
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expens	е		므		de of Texas. Comp officeholder living	
						Data plan	, , ,,	Socholder livilly	onpolito
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	06/17/2024	AT&T							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$121.41	208 S. Akaı	rd						
		Dallas, TX	75202						
	PURPOSE OF		ee Categories listed at the top		(b)	Description	outo:	do of Toyon Co	ploto Schodulo T
	EXPENDITURE	Office Over	head/Rental Expens	e		=		de of Texas. Comp officeholder living	
						Cell phone se	ervi	ce	
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	06/24/2024	AT&T							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$106.02	208 S. Akaı	rd						
		Dallas, TX	75202						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expens			ш		de of Texas. Com	
						Data plan	, 1X,	officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/34 Rpt: 24/55 Reichek, Amanda (The Honorable) 00082184 4 Date Payee name 04/16/2024 **AXOMO Namify** 6 Amount (\$) Payee address; City; State; Zip Code \$47.58 280 W 900 N Springville, UT 84663 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Nametags Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2024 Adobe Amount (\$) Payee address; City; State; Zip Code \$14.06 345 Park Avenue San Jose, CA 95110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense License fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2024 Adobe Amount (\$) Payee address: City; State; Zip Code \$14.06 345 Park Avenue San Jose, CA 95110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense License fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6/34 Rpt: 25/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	03/26/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense License fee
		2.001100 100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Dayso nama
	04/26/2024	Payee name Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense License fee
		License lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Davies name
	Date 05/28/2024	Payee name Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	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 License fee
		LICETISE IEE
	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 - 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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/34 Rpt: 26/55 Reichek, Amanda (The Honorable) 00082184 4 Date Payee name 06/26/2024 Adobe 6 Amount (\$) Payee address; City; State; Zip Code \$14.06 345 Park Avenue San Jose, CA 95110 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense License fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 Amazon Amount (\$) Payee address; City; State; Zip Code \$100.00 410 Terry Ave. North Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Christmas gift for secretary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2024 American Inns of Court Amount (\$) Payee address; City: State; Zip Code \$50.00 225 Reinekers Lane, Suite 770 Alexandria, VA 22314 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Guest fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T		_
1	Total pages Schedule F1: Sch: 8/34 Rpt: 27/55	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184	
4	Date	5 Payee name	
	04/01/2024	Archer Paper Goods	
6	Amount (\$) \$32.48	7 Payee address; City; State; Zip Code 2649 Main St Suite 160 Dallas, TX 75226	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Office supplies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/19/2024	Art by Megan Knoebel	
	Amount (\$) \$324.74	Payee address; City; State; Zip Code	
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Office artwork	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/19/2024	Arts District Mansion	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.50	2101 Ross Ave	
		Dallas, TX 75201	
	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.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Lunch at monthly luncheon	
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/34 Rpt: 28/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
l	01/23/2024	Arts District Mansion
6	Amount (\$) \$16.75	7 Payee address; City; State; Zip Code 2101 Ross Ave
L		Dallas, TX 75201
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 CLE luncheon
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2024	Arts District Mansion
	Amount (\$) \$22.50	Payee address; City; State; Zip Code 2101 Ross Ave
		Dallas, TX 75201
	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 monthly CLE luncheon
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/22/2024	Payee name Arts District Mansion
	Amount (\$) \$41.25	Payee address; City; State; Zip Code 2101 Ross Ave
		Dallas, TX 75201
	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 Monthly luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/34 Rpt: 29/55	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	1
	04/23/2024	Babylist	
6	Amount (\$) \$55.19	7 Payee address; City; State; Zip Code TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense er gift for colleague
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/27/2024	Barnes & Noble	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 7700 W Northwest Hwy #300	
		Dallas, TX 75225	
	PURPOSE OF EXPENDITURE	Check if Aus	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense on gift for staff attorney
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/31/2024	Beyond the Slogan Consulting	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 2710 Routh Creek #4120 Dallas, TX 75082	
	PURPOSE OF EXPENDITURE	Consulting Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	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

	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: 11/34 Rpt: 30/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	03/04/2024	Carlyle, Cory
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 26
		Rockwall, TX 75087
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sampaigh contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/01/2024	Caroline
	Amount (\$)	Payee address; City; State; Zip Code
	\$192.63	621 Congress Ave. Suite 101
		Austin, TX 78701
	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
		Dinner with colleagues
		Simol war somoagaes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	04/24/2024	Cash App Brennan Burge
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	
		TX
	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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Valet parking for event
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

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	Il 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: 12/34 Rpt: 31/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	05/03/2024	Cash App Brennan Burge
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code TX
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. Check if Austin, TX, officeholder living expense Valet parking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2024	Comedor
	Amount (\$) \$301.86	Payee address; City; State; Zip Code 501 Colorado St
		Austin, TX 78701
	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 Dinner with colleagues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2024	Cotton Court Hotel
	Amount (\$) \$259.68	Payee address; City; State; Zip Code 1610 Broadway Street
		Lubbock, TX 79401
	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 Stay for CLE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/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: 13/34 Rpt: 32/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	01/16/2024	Dallas County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1414 N. Washington
		Dallas, TX 75204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Annual fish fry sponsorship
		7 tillida lish ny sponsorsnip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/28/2024	Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	1414 N. Washington
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship
		Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	01/04/2024	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,500.00	8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign consulting
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense 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: 14/34 Rpt: 33/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	01/30/2024	Democracy Toolbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,874.34	8813 Falcon Crest
	·	
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting
		Campaign consulting
Ļ	0 1: 01:14 7 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2024	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,666.11	8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting
		Campaign consulting
L	Operation ONE V if dispert	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	02/26/2024	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,082.56	8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
1		Campaign consulting
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	•

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/Officenoider/Politica	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/34 Rpt: 34/55	Reichek , Amanda (The Honorable)		00082184
4	Date	5 Payee name		<u>'</u>
	02/28/2024	Democracy Toolbox		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$1,500.00	8813 Falcon Crest		
		McKinney, TX 75070		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	4		
F	Date	Payee name		
	03/04/2024	Democracy Toolbox		
Г	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$500.00	8813 Falcon Crest		
L		McKinney, TX 75070		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L	experialiture to benefit C/Oi			
	Date	Payee name		
L	03/29/2024	Democracy Toolbox		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1,750.00	8813 Falcon Crest		
		Makinnov TV 75070		
L	DUDDOCE	McKinney, TX 75070	(h)	Providelia
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consularing Expense		Check if Austin, TX, officeholder living expense
				Campaign consulting
L			<u> </u>	277
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 16/34 Rpt: 35/55	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	06/03/2024	Democracy Toolbox	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,750.00	8813 Falcon Crest	
		McKinney, TX 75070	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign consulting	
		Campaign consuming	
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name Office country	_
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	=
	06/30/2024	DonorBox	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	` '		
	\$1,756.70	601 King Street, Suite 200	
		Alexandria, VA 22314	
	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.	
		Check if Austin, TX, officeholder living expense	
		Fees for online donation transactions during the reporting period	
L			_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	05/01/2024	Doubletree Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$616.01	303 W 15th St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Hotel for court of review	
L			_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experiorare to benefit C/OI	¬	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/34 Rpt: 36/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	06/17/2024	Dr. Delphinium
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.47	5806 W. Lovers Lane
		Dallas, TX 75225
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sympathy flowers for colleague
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Or	1
	Date	Payee name
	01/12/2024	Eataly
	Amount (\$)	Payee address; City; State; Zip Code
	\$218.03	8687 N Central Expy #2172
		Dallas, TX 75225
	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
		Dinner with colleagues after CLE
		Simo mar concagaco anter occ
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payros namo
	02/29/2024	Payee name Edwards & Patterson Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$729.61	203 S Belt Line Rd
		Irving, TX 75060
	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
		Yard signs
		Tara signa
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By 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: 18/34 Rpt: 37/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	06/28/2024	Froggie 5&10
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.50	6465 E Mockingbird Ln suite 314
		Dallas, TX 75214
_		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Card for staff attorney appreciation gift
		Card for Stan attorney appreciation git
_	0 1: 01 1/4 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Garcia, Dennise
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 140978
		Dellas TV 75214
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign continuation
	0 1: 01 1/4 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 Amphitheater Parkway
		Mountain View, CA 94043
		<u> </u>
	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
		Email storage
		Linuii storage
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense 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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 19/34 Rpt: 38/55	Reichek , Amanda (The Honorable)	00082184						
4	Date	5 Payee name	<u>'</u>						
	03/26/2024	Google							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2.12	1600 Amphitheater Parkway							
		Mountain View, CA 94043							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description						
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE		Check if Austin, TX, officeholder living expense						
			Email storage						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	- CAPCHARLATO TO SOTIONE GAO	·							
	Date	Payee name							
	04/26/2024	Google							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.12	1600 Amphitheater Parkway							
		Mountain View, CA 94043							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description						
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
	_/		Check if Austin, TX, officeholder living expense Email storage						
			Linaii storage						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Chiec held						
	Date	Davies name							
	05/28/2024	Payee name Google							
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheater Parkway							
	\$2.12	1000 Amphilinealei Parkway							
		M							
		Mountain View, CA 94043							
	PURPOSE OF	·	Description						
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
			Email storage						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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:							
	Sch: 20/34 Rpt: 39/55	Reichek , Amanda (The Honorable) 00082184						
4	Date	5 Payee name						
	06/26/2024	Google						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2.12	1600 Amphitheater Parkway						
		Mountain View, CA 94043						
8	PURPOSE	1						
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Email storage						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
\vdash	Data							
	Date	Payee name						
	02/29/2024	Greenpoint Seafood and Oyster Bar						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$133.25	3219 Knox St						
		Dallas, TX 75205						
_	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						
		Lunch with law student						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
H	Date	Payee name						
	04/25/2024	Greenpoint Seafood and Oyster Bar						
_								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$199.55	3219 Knox St						
L		Dallas, TX 75205						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	LAI LINDITORL	Check if Austin, TX, officeholder living expense						
		Lunch with colleagues						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
L	expenditure to benefit C/OI							

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: 21/34 Rpt: 40/55	Reichek , Amanda (The Honorable) 00082184						
4	Date	5 Payee name						
	04/24/2024	Hall Arts Tower						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$10.00	2323 Ross Ave						
		Dallas, TX 75201						
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.						
		Check if Austin, TX, officeholder living expense Parking						
		1 arking						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
\vdash	Dete							
	Date	Payee name						
	02/05/2024	Hilton Hotels						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.00	8250 N Central Expy						
		Dallas, TX 75206						
	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.						
		Check if Austin, TX, officeholder living expense Parking for CLE						
		Paiking tot CLE						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	D :							
	Date	Payee name						
	02/21/2024	Hudson House						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$142.45	4448 Lovers Ln						
		Dallas, TX 75225						
	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 Dinner with colleagues after event						
		Diffile with Colleagues after event						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/34 Rpt: 41/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	03/26/2024	Hunky's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.73	321 N Bishop Ave
		Dallas, TX 75208
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
		Lunch w chambers attorneys
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
Т	Date	Payee name
	01/19/2024	Jack Boles Belo Mansion Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	8150 Brookriver Dr #140
		Dallas, TX 75247
	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.
		Check if Austin, TX, officeholder living expense Parking at monthly CLE luncheon
		Taking at monthly GEE Iditoricon
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	-
	Date	Payee name
	06/07/2024	Jack Boles Belo Mansion Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	8150 Brookriver Dr #140
		Dallas, TX 75247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l ————————————————————————————————————
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Luncheon parking
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Com	Gift/Awards/Memorials Expense F mittee Legal Services S The Instruction Guide explains ho		oense ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	Sch: 23/34 Rpt: 42/55	┝	Reichek , Amanda (The Honorable)			00082184	
4	Date	ı	Payee name				
	01/16/2024	L	LAZ Parking				
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le		
	\$8.00		1100 McKinney Ave.				
			Dallas, TX 75202				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description		
	OF EXPENDITURE	'	Travel In District		=	outside of Texas. Complete Schedule T.	
					Event parking	n, TX, officeholder living expense	
					_vent panting	¥	
9	Complete ONLY if direct	C	andidate/Officeholder name Off	fice soug	ıht	Office held	
	expenditure to benefit C/O	Н					
	Date		Payee name				
	01/02/2024		LC Craft Wine and Spirits				
	Amount (\$)		Payee address; City; State;	Zip Cod	le		
	\$68.14		2070 S Bridgefarmer Rd				
			Lowry Crossing, TX 75069				
	PURPOSE OF		Category (See Categories listed at the top of this schedule	lule)	(b) Description		
	EXPENDITURE		Gift/Awards/Memorials Expense		<u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
					ш	ces rendered to campaign	
						i 3	
	Complete ONLY if direct		andidate/Officeholder name Off	fice soug	ht	Office held	
	expenditure to benefit C/OH	Н					
	Date		Payee name				
	04/24/2024		La Stella Italian				
	Amount (\$)		Payee address; City; State;	Zip Cod	le		
	\$108.40		2330 Flora St #150				
			Dallas, TX 75201				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense			outside of Texas. Complete Schedule T.	
						n, TX, officeholder living expense	
					Dinner with c	oneagues	
	Complete ONLY if direct		andidate/Officeholder name Off	fice soug	ıht	Office held	
	expenditure to benefit C/Oh				,	S555.0	
Eor	rms provided by Tevas F	thic	Commission was athics ets	ato ty u		Version V/I 1 0 d3	79aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 24/34 Rpt: 43/55	Reichek , Amanda (The Honorable) 00082184							
4	Date	5 Payee name							
	06/26/2024	Mesero							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$70.49	2375 Victory Park Ln., Suite 180							
		Dallas, TX 75219							
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 Dinner with colleagues							
		Billiel Wall colleagues							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
\vdash	Date	Davisa nama							
	01/19/2024	Payee name Mi Cooina Untown							
		Mi Cocina Uptown							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$50.13	3232 McKinney Ave Suite 175							
		Dallas, TX 75204							
	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 Dinner with colleagues after CLE							
		Diffile with colleagues after CLL							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	•							
_	Data	David and the second se							
	Date 03/01/2024	Payee name Momo's Pasta							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$102.24	11910 Preston Rd							
		Dallas, TX 75230							
	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 Dinner with colleagues							
		Diffici with concagues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

SCHEDULE F1

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

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

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: 25/34 Rpt: 44/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	02/12/2024	Motley, Susan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.39	2617 Still Meadow Rd.
		Irving, TX 75060
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV offenhalder living propage.
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/01/2024	North Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.85	2301 N Akard St Ste 280
		Dallas, TX 75201
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dinner with colleagues after event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	02/02/2024	Oak Cliff Pottery
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.14	919 S Franklin St,
		Dallas, TX 75211
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Christmas present for staff attorneys
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	<u> </u>							
	Sch: 26/34 Rpt: 45/55	Reichek , Amanda (The Honorable) 00082184							
4	Date	5 Payee name							
	02/12/2024	Oak Cliff Pottery							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$108.25	919 S Franklin St.							
		Dallas, TX 75211							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Christmas gift staff attorneys							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	03/25/2024	Oak Cliff Pottery							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$717.15	919 S Franklin St.							
		Dallas, TX 75211							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Chambers christmas present / team building							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Data								
	Date	Payee name							
	02/09/2024	Ocean Prime							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$51.96	2101 Cedar Springs Rd #150							
		Dallas, TX 75201							
	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							
		Dinner after event							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	a category not listed a	above)
	oroun oura r aymone		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 27/34 Rpt: 46/55		Reichek , Ar	manda (The Ho	norable)					00082184		
4	Date	5	Payee name									
	01/02/2024		Paper Source	ce								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$45.41		4525 Cole A	ve #170								
			Dallas, TX 7	5205								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			Memorials Exp		,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE									officeholder living	g expense	
								Gift wrapping	, Ca	ard		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Off	fice sou	ght			Office h	eld	
	experialitare to beliefit eroi	'										
	Date		Payee name									
	02/05/2024		Paper Source	ce								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$97.43		4525 Cole A	ve #170								
			Dallas, TX 7	5205								
	PURPOSE	(a)	Category (so	e Categories listed at t	the ten of this sehed	dulo)	(b)	Description				
	OF	ľ` <i>′</i>	Printing Exp		ine top of this sched	iule)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		- 5 1					Check if Austin,	, TX,	officeholder living	g expense	
								Thank you ca	ards	5		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Off	fice sou	ght			Office h	eld	
	experialitate to beliefit C/O											
	Date		Payee name									
	05/14/2024		Paper Source	ce								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$126.11		4525 Cole A	ve #170								
			Dallas, TX 7	5205								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Printing Exp		·						nplete Schedule T.	
	LAFENDITORE							_		officeholder livin		
								Thank you ca	ards	s / stationary	У	
	0 1 0 0 0 0 0	L	- P. L. 10			<i>r</i> :					1.1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		:andidate/Offic	ceholder name	Off	fice souç	ght			Office h	eid	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/34 Rpt: 47/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	03/26/2024	Paradiso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.47	308 N Bishop Ave
		Dallas, TX 75208
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 Lunch with staff attorneys
		Eurion with Stail attorneys
_	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2024	Parigi
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.01	3311 Oak Lawn Ave
		Dallas, TX 75219
	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
		Dinner with colleagues
		Diffici with concagaes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/25/2024	Park Whiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.70	4646 McKinney Ave.
		Dallas, TX 75205
	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.
		Check if Austin, TX, officeholder living expense
		Parking for lunch with colleagues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_						
l	Sch: 29/34 Rpt: 48/55	Reichek , Amanda (The Honorable) 00082184							
4	Date	5 Payee name	_						
l	01/16/2024	ParkMobile							
6	Amount (\$)	7 Payee address; City; State; Zip Code	-						
	\$2.45	1100 Spring Street NW							
l									
l		Atlanta, GA 30309							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-						
l	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE	Check if Austin, TX, officeholder living expense							
l		Event parking							
Ļ			_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
┕	'		_						
l	Date	Payee name							
L	02/09/2024	ParkMobile							
l	Amount (\$)	Payee address; City; State; Zip Code							
l	\$3.35	1100 Spring Street NW							
l									
l		Atlanta, GA 30309							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
l		Parking at event							
l									
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-						
l	expenditure to benefit C/OI								
H	Date	Payee name	=						
l	05/02/2024	ParkMobile							
┝	Amount (\$)	Payee address; City; State; Zip Code	-						
l	\$2.60	1100 Spring Street NW							
l	¥2.00								
l		Atlanta, GA 30309							
⊢	PURPOSE		_						
l	OF	(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.							
l	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Parking							
L			_						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experientale to beliefft G/OI	·							

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 Comr

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

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

Travel in I Travel Ou ntract Labor OTHER (6

Candidate/Officeholder/Political Credit Card Payment								OTHER (enter a category not listed above)							
	Credit Card Fayment			The Ins	truction Gu	ide explains	s how to co	mple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAM	E						3	Fil	er ID	(E	Ethics Commission Filer	s)
	Sch: 30/34 Rpt: 49/55		Reichek, A	Amanda	(The Hor	norable)					00	082184			
4	Date	5	Payee name	,											
	04/26/2024		Pecan Lod	ge											
6	Amount (\$)	7	Payee addre	ess:	City;	State	e; Zip Co	de							
	\$62.50		2702 Main				, ,								
			Dallas, TX	75226											
_	DUDDOCE	(-)	•				1	/l=\							
8	PURPOSE OF	(a)	Category (S			ne top of this so	chedule)	(a)	Description Check if travel	oute	ide c	f Tayas Co	mnlet	e Schedule T	
	EXPENDITURE		Food/Beve	rage Ex	cpense				Check if Austin						
									Lunch with la	w s	stu	dent			
9	Complete ONLY if direct		Candidate/Off	ficeholde	er name		Office sou	ght				Office h	neld		
	expenditure to benefit C/OI	Н													
	Date	Π	Payee name	7											
	05/01/2024		Pilot Flying												
	Amount (\$)	H	Payee addre		City;	State	e; Zip Co	da							
	\$70.33		11710 Nort		•	State	c, zip co	uc							
	Ψ10.33		11710 11011	ur micro	siale 33										
			1 II TV	70507											
			Jarrell, TX	76537											
	PURPOSE OF	(a)	Category (S			ne top of this so	chedule)	(b)	Description			·- 0		0.1.1.7	
	EXPENDITURE		Travel Out	of Distr	rict				Check if travel Check if Austin						
									Fuel for trip to						
									•						
	Complete ONLY if direct		Candidate/Off	ficeholde	er name		Office sou	ght				Office h	neld		
	expenditure to benefit C/OI	Н													
	Date	Π	Payee name	7											
	02/05/2024		Redenta's												
	Amount (\$)	H	Payee addre	566.	City;	State	e; Zip Co	de							
	\$73.93		2001 Skilln		Oity,	Otati	o, 2.p 00	uo							
	410.00		2001 0111111	ian ot											
			Dallas, TX	75206											
	DUDD 005	_					ı								
	PURPOSE OF	(a)	Category (S				chedule)	(b)	Description	oute	ide c	f Tayas Co	mnlet	e Schedule T	
	EXPENDITURE		Gift/Awards	s/iviemo	riais Exp∈	ense			ш	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
									Christmas gif						
Complete ONLY if direct Candidate/Officeholder name Office						Office sou	ght				Office h	neld			
	expenditure to benefit C/O	Н													

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/34 Rpt: 50/55	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	
	02/01/2024	Reilly Echols	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,779.77	1710 S Harwood St	
L		Dallas, TX 75215	
8	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense	Check if days of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
			Campaign literature
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to beliefit C/Oi	1	
	Date	Payee name	
L	05/16/2024	Salum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$112.01	4152 Cole Ave # 103	
		B. II TV 77004	
L		Dallas, TX 75204	
	PURPOSE OF	(Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Lunch with staff attorneys
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡			
	Date	Payee name	
L	04/02/2024	Southwest Airlines	
	Amount (\$) \$436.96	Payee address; City; State; Zip Code 2702 Love Field Drive	
	Ψ430.30	2702 Love Field Drive	
		Dallas, TX 75235	
H	PURPOSE		Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Airfare for CLE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice neiu
ı			

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	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: 32/34 Rpt: 51/55	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	01/04/2024	Tarrant County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	1315 Calhoun St
		Fort Worth, TX 76102
8	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
		Fee for CLE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/08/2024	Texas Board of Legal Specialization
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	505 E. Huntland Drive
		Suite 400
		Austin, TX 78752
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Board certification fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/10/2024	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St
	4000.00	
		Austin, TX 78701
	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.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Conference fee
L	Complete CMIV'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 -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

	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: 33/34 Rpt: 52/55	Reichek , Amanda (The Honorable) 00082184					
4	Date	5 Payee name					
	02/02/2024	The Order Desk					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$16,075.32	9840 Monroe Dr #104					
		Dallas, TX 75220					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Campaign literature					
_							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/05/2024	The Saint					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,768.72	2633 Gaston Ave					
		Dallas, TX 75226					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Chambers holiday party					
		Chambers holiday party					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	04/11/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$86.77	1455 Market Street					
	Ψ00.11	Suite 400					
		San Francisco, CA 94103					
	DUDD005						
	PURPOSE OF	(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.					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Transportation associated with TTU CLE					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/34 Rpt: 53/55	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	
	04/29/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.78	1455 Market Street	
		Suite 400	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Gat of Bistriot	n, TX, officeholder living expense
		Transportation	on associated with court of review
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/01/2024	Valet Tips	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.65	303 W 15th St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver out or District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Hotel valet	i, 17, officerouser living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	ł	

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1	Total p	pages Schedule K:	
	THE HISTIA	culon during explains now to complete this form.		Sch: 1	L/2 Rpt: 54/55	
2	FILER NAME		3) (Ethics Commission F	ilers)
L	Reichek , Ar	nanda (The Honorable)		00082	2184	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	02/03/2024	02/03/2024 Burns, Robert				\$30.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Dallas, TX 75202				
			alı if maliti	!	wile, stiese wet, we sel to file w	
		Reimbursement for staff get well gift	ск іі роііц	cai con	ribution returned to filer	
⊨					T	
	Date	Name of person from whom amount is received			Amount (\$)	# 0.00
	01/17/2024	Frost Bank				\$9.23
		Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78205				
		<u> </u>	ck if noliti	cal cont	l ribution returned to filer	
		Interest	ck ii politi	cai com	indution returned to mer	
H	Data				A see a cont (th)	
	Date 02/15/2024	Name of person from whom amount is received Frost Bank			Amount (\$)	\$6.94
	02/13/2024					Φ0.94
		Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78205				
		Purpose for which amount is received Che	ck if politi	cal cont	ribution returned to filer	
		Interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
	04/15/2024	Frost Bank				\$5.82
		Address of person from whom amount is received; City; State; Zip Code			1	
		San Antonio, TX 78205				
		Purpose for which amount is received	ck if politi	cal cont	ribution returned to filer	
		Interest				
Г	Date	Name of person from whom amount is received			Amount (\$)	
	03/15/2024	Frost Bank				\$5.73
		Address of person from whom amount is received; City; State; Zip Code	•••••		1	
		San Antonio, TX 78205				
		_	ck if politi	cal cont	ribution returned to filer	
L		Interest				
l						

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

SCHEDULE K

	The Instru	ctic	on Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 55/55	
2							(Ethics Commission F	ilers)
	Reichek , Amanda (The Honorable) 00082					0082	184	
4	Date 05/15/2024	<u>'</u>				8 Amount (\$)	\$6.25	
			San Antonio, TX 78205					
		1	Purpose for which amount is received	if politi	ical	contr	ibution returned to filer	
	Date		Name of person from whom amount is received				Amount (\$)	
	06/17/2024		Frost Bank					\$9.87
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Additional of person from whom amount is received, "Sity, etaile, Eip Gode"					
			San Antonio, TX 78205					
			Purpose for which amount is received	if politi	ical	contr	ibution returned to filer	
			Interest					
	Date	Ī	Name of person from whom amount is received				Amount (\$)	
	02/13/2024		Goldstein, Bonnie					\$30.00
	Address of person from whom amount is received; City; State; Zip Code							
		Address of person from Milon amount is reserved, Gity, State, Elp Gode						
			Dallas, TX 75214					
				if politi	ical	contr	ibution returned to filer	
			Reimbursement for staff get well gift					
	Date		Name of person from whom amount is received				Amount (\$)	
	06/20/2024		Kipness, Robbie					\$99.00
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Dallas, TX 75206					
		Г	Purpose for which amount is received Check	if politi	ical	contr	ibution returned to filer	
			Reimbursement for staff sympathy gift					
	Date	T	Name of person from whom amount is received				Amount (\$)	
	02/03/2024		Smith, Craig					\$30.00
		Address of person from whom amount is received; City; State; Zip Code						
			Dallas, TX 75202					
				if politi	ical	contr	ibution returned to filer	
			Reimbursement for staff get well gift					