

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | |
|---|---|---|---|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00082184 | 2 Total pages filed: 55 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Amanda | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/12/2024 |
| | NICKNAME | LAST Reichek | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | REDACTED PER 254.0313, GOV'T CODE | | | Receipt # |
| | | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Kathy | MI | |
| | NICKNAME | LAST Tiritelli | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; |
| | | | STATE; | ZIP CODE |
| REDACTED PER 254.0313, GOV'T CODE | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (214) 505-6398 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 | | | |
| | <input checked="" type="checkbox"/> July 15 | | | |
| <input type="checkbox"/> 30th day before election | | | | |
| <input type="checkbox"/> 8th day before election | | | | |
| <input type="checkbox"/> Runoff | | | | |
| <input type="checkbox"/> Exceeded modified reporting limit | | | | |
| <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month |
| | 01/01/2024 | THROUGH | 06/30/2024 | Year |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | <input type="checkbox"/> Primary |
| 11/05/2024 | | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Runoff |
| | | | <input type="checkbox"/> Special | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) | |
| | 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 (The Honorable) **14** Filer ID (Ethics Commission Filers)
00082184

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 101,642.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 57,314.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 139,155.63 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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

The Honorable Amanda Reichek
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - JC/OH

| | | | |
|--|--|--------------------------------|----------------------------|
| 18 FILER NAME Reichek , Amanda (The Honorable) | | 19 Filer ID 00082184 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | 101,642.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 57,314.10 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 232.84 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/16 Rpt: 4/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Jerry | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75270 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Passman & Jones | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron and Blue | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Thomas | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75204 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Self Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/16 Rpt: 5/55 |
| 2 FILER NAME Reichek , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, David | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Irving, TX 75062 | |
| 8 Contributor's Principal Occupation Accountant | | 9 Contributor's Job Title Accountant |
| 10 Contributor's employer/law firm Dallas County District Clerk | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75060 | |
| Contributor's Principal Occupation Pilot | | Contributor's Job Title Pilot |
| Contributor's employer/law firm Envoy Airlines | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrington Coleman Sloman & Blumenthal, LLP | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75202 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/16 Rpt: 6/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Collen | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm CVPA Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clouston, Davis | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75230 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Sessions Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Michael | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75206 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Self Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/16 Rpt: 7/55 |
| 2 FILER NAME Reichek , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowles & Thompson PC | 7 Amount of Contribution (\$) \$1,500.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75202 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Sean | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75313 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Offices of Sean R Cox | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Trey | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75225 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Gibson Dunn & Crutcher | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/16 Rpt: 8/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford Wishnew Lang, PLLC | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovsn, Carol | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75214 | |
| Contributor's Principal Occupation Not Employed | | Contributor's Job Title Not Employed |
| Contributor's employer/law firm Not Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank L. Branson, PC | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/16 Rpt: 9/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin Bowman PC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | 7 Amount of Contribution (\$) \$5,000.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Andrew <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Arnold & Itkin LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett & Perrin, PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/16 Rpt: 10/55 |
| 2 FILER NAME Reichek , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett & Perrin, PC | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75202 | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Chris | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75214 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Hamilton Wingo LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, James | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75201 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Holmes PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/16 Rpt: 11/55 |
| 2 FILER NAME Reichek , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illich, Niles <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Scott H Palmer PC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Forsythe, Sherilyn <hr/> Contributor address; City; State; Zip Code Allen, TX 75002 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Nachawati Law Group | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Bruce <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Jaffe & Asher | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 9/16 Rpt: 12/55 |
| 2 FILER NAME Reichek , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Christopher | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Waters Kraus Paul & Siegel | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Wesley | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Garland, TX 75043 | |
| Contributor's Principal Occupation Not Employed | | Contributor's Job Title Not Employed |
| Contributor's employer/law firm Not Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Krisi | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75204 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kastl Law PC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 10/16 Rpt: 13/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Kearney Law Firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Faegre Drinker Biddle & Reath LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khirallah, Rachel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244 | Amount of Contribution (\$) \$1,500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Khirallah PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 11/16 Rpt: 14/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouzbari, Munear | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| 8 Contributor's Principal Occupation Owner | | 9 Contributor's Job Title Owner |
| 10 Contributor's employer/law firm Evolution Spine | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafitte, Luke | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Garland, TX 75044 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Self Employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBoeuf Law, PLLC | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 12/16 Rpt: 15/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipp, Dana <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Lipp Legal PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Pinker Hurst & Schwegmann, LLP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Lyons & Simmons LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 13/16 Rpt: 16/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Katherine | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75229 | |
| 8 Contributor's Principal Occupation Not Employed | | 9 Contributor's Job Title Not Employed |
| 10 Contributor's employer/law firm Not Employed | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller Weisbrod, LLP | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75243 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafi, Ayesha | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75220 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Rafi Debose | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 14/16 Rpt: 17/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schorr, Geoff <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043 | 7 Amount of Contribution (\$) \$34,567.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Schorr Law Firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Gilmore Thompson, PLLC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230 | Amount of Contribution (\$) \$1,250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Waters Kraus Paul & Siegel | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 15/16 Rpt: 18/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Superior Litigation Services, PLLC <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75040 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 04/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Ben <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214 | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Ted B Lyon & Associates PC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillotson Johnson Patton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202 | Amount of Contribution (\$) \$5,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 16/16 Rpt: 19/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Paul | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Hamilton Wingo LLP | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Paul | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75208 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Hamilton Wingo | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherite Law Group, PLLC | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75231 | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/34 Rpt: 20/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 01/23/2024 | 5 Payee name AT&T | |
| 6 Amount (\$) \$384.31 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2024 | Payee name AT&T | |
| Amount (\$) \$104.38 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data plan |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/15/2024 | Payee name AT&T | |
| Amount (\$) \$156.59 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 2/34 Rpt: 21/55 | 2 | FILER NAME Reichek , Amanda (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082184 |
| 4 | Date 02/23/2024 | 5 | Payee name AT&T | | |
| 6 | Amount (\$) \$104.14 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data plan | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 03/18/2024 | | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 03/25/2024 | | Payee name AT&T | | |
| | Amount (\$) \$99.14 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data plan | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 3/34 Rpt: 22/55 | 2 | FILER NAME Reichek , Amanda (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082184 |
| 4 | Date 04/15/2024 | 5 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 04/23/2024 | | Payee name AT&T | | |
| | Amount (\$) \$106.02 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data plan | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 05/15/2024 | | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 4/34 Rpt: 23/55 | 2 | FILER NAME Reichek , Amanda (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082184 |
| 4 | Date 05/23/2024 | 5 | Payee name AT&T | | |
| 6 | Amount (\$) \$106.02 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data plan | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 06/17/2024 | | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 06/24/2024 | | Payee name AT&T | | |
| | Amount (\$) \$106.02 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data plan | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 5/34 Rpt: 24/55 | 2 | FILER NAME Reichck , Amanda (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082184 |
| 4 | Date 04/16/2024 | 5 | Payee name AXOMO Namify | | |
| 6 | Amount (\$) \$47.58 | 7 | Payee address; City; State; Zip Code 280 W 900 N Springville, UT 84663 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametags | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/26/2024 | | Payee name Adobe | | |
| | Amount (\$) \$14.06 | | Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense License fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/26/2024 | | Payee name Adobe | | |
| | Amount (\$) \$14.06 | | Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense License fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/34 Rpt: 25/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 03/26/2024 | 5 Payee name Adobe | |
| 6 Amount (\$) \$14.06 | 7 Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense License fee |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 04/26/2024 | Payee name Adobe | |
| Amount (\$) \$14.06 | Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense License fee |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 05/28/2024 | Payee name Adobe | |
| Amount (\$) \$14.06 | Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense License fee |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 7/34 Rpt: 26/55 | 2 | FILER NAME Reichek , Amanda (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082184 |
| 4 | Date 06/26/2024 | 5 | Payee name Adobe | | |
| 6 | Amount (\$) \$14.06 | 7 | Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense License fee | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/04/2024 | | Payee name Amazon | | |
| | Amount (\$) \$100.00 | | Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gift for secretary | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 05/31/2024 | | Payee name American Inns of Court | | |
| | Amount (\$) \$50.00 | | Payee address; City; State; Zip Code 225 Reinekers Lane, Suite 770 Alexandria, VA 22314 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guest fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|---|---------------|---|
| 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 04/01/2024 | 5 | Payee name Archer Paper Goods | | |
| 6 | Amount (\$) \$32.48 | 7 | Payee address; City; State; Zip Code 2649 Main St Suite 160 Dallas, TX 75226 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/19/2024 | | Payee name Art by Megan Knoebel | | |
| | Amount (\$) \$324.74 | | Payee address; City; State; Zip Code TX | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office artwork | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/19/2024 | | Payee name Arts District Mansion | | |
| | Amount (\$) \$17.50 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch at monthly luncheon | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|--|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 9/34 Rpt: 28/55 | 2 | FILER NAME Reichck , Amanda (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082184 |
| 4 | Date 01/23/2024 | 5 | Payee name Arts District Mansion | | |
| 6 | Amount (\$) \$16.75 | 7 | Payee address; City; State; Zip Code 2101 Ross Ave Dallas, TX 75201 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLE luncheon | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/16/2024 | | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly CLE luncheon | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly luncheon | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 10/34 Rpt: 29/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
|--|---|--|

| | |
|-----------------------------|---------------------------------|
| 4 Date 04/23/2024 | 5 Payee name Babylist |
|-----------------------------|---------------------------------|

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|---------------------------------|---|
| 6 Amount (\$) \$55.19 | 7 Payee address; City; State; Zip Code TX |
|---------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Baby shower gift for colleague |
|---------------------------------|--|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------------|
| Date 06/27/2024 | Payee name Barnes & Noble |
|--------------------|------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 7700 W Northwest Hwy #300 Dallas, TX 75225 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Appreciation gift for staff attorney |
|-------------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 01/31/2024 | Payee name Beyond the Slogan Consulting |
|--------------------|--|

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|-------------------------|---|
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 2710 Routh Creek #4120 Dallas, TX 75082 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Call time |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 11/34 Rpt: 30/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 03/04/2024 | 5 Payee name Carlyle, Cory | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code P.O. Box 26 Rockwall, TX 75087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/01/2024 | Payee name Caroline | |
| Amount (\$) \$192.63 | Payee address; City; State; Zip Code 621 Congress Ave. Suite 101 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/24/2024 | Payee name Cash App Brennan Burge | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet parking for event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 12/34 Rpt: 31/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/03/2024 | 5 Payee name Cash App Brennan Burge | |
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet parking |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/30/2024 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/15/2024 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stay for CLE |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 13/34 Rpt: 32/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 01/16/2024 | 5 Payee name Dallas County Democratic Party |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 1414 N. Washington Dallas, TX 75204 |
|----------------------------------|---|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual fish fry sponsorship |
|---------------------------------|--|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 05/28/2024 | Payee name Dallas County Democratic Party |
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| | |
|-------------------------|--|
| Amount (\$) \$125.00 | Payee address; City; State; Zip Code 1414 N. Washington Dallas, TX 75204 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
|-------------------------------|--|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date 01/04/2024 | Payee name Democracy Toolbox |
|--------------------|---------------------------------|

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|---------------------------|---|
| Amount (\$) \$8,500.00 | Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 14/34 Rpt: 33/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
|--|---|--|

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|-----------------------------|--|
| 4 Date 01/30/2024 | 5 Payee name Democracy Toolbox |
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| 6 Amount (\$) \$1,874.34 | 7 Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date 02/09/2024 | Payee name Democracy Toolbox |
|--------------------|---------------------------------|

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|---------------------------|---|
| Amount (\$) \$1,666.11 | Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 02/26/2024 | Payee name Democracy Toolbox |
|--------------------|---------------------------------|

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|---------------------------|---|
| Amount (\$) \$2,082.56 | Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 15/34 Rpt: 34/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 02/28/2024 | 5 Payee name Democracy Toolbox |
|-----------------------------|--|

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| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
|------------------------------------|--|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|---------------------------------|---|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 03/04/2024 | Payee name Democracy Toolbox |
|--------------------|---------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
|-------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 03/29/2024 | Payee name Democracy Toolbox |
|--------------------|---------------------------------|

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|---------------------------|---|
| Amount (\$) \$1,750.00 | Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 16/34 Rpt: 35/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 06/03/2024 | 5 Payee name Democracy Toolbox |
|-----------------------------|--|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,750.00 | 7 Payee address; City; State; Zip Code 8813 Falcon Crest McKinney, TX 75070 |
|------------------------------------|--|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 06/30/2024 | Payee name DonorBox |
|--------------------|------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,756.70 | Payee address; City; State; Zip Code 601 King Street, Suite 200 Alexandria, VA 22314 |
|---------------------------|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donation transactions during the reporting period |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 05/01/2024 | Payee name Doubletree Hotel |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$616.01 | Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701 |
|-------------------------|---|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for court of review |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 17/34 Rpt: 36/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 06/17/2024 | 5 Payee name Dr. Delphinium | |
| 6 Amount (\$) \$198.47 | 7 Payee address; City; State; Zip Code 5806 W. Lovers Lane Dallas, TX 75225 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
| Date 01/12/2024 | Payee name Eataly | |
| Amount (\$) \$218.03 | Payee address; City; State; Zip Code 8687 N Central Expy #2172 Dallas, TX 75225 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues after CLE |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/29/2024 | Payee name Edwards & Patterson Signs | |
| Amount (\$) \$729.61 | Payee address; City; State; Zip Code 203 S Belt Line Rd Irving, TX 75060 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 18/34 Rpt: 37/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 06/28/2024 | 5 Payee name Froggie 5&10 | |
| 6 Amount (\$) \$6.50 | 7 Payee address; City; State; Zip Code 6465 E Mockingbird Ln suite 314 Dallas, TX 75214 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Card for staff attorney appreciation gift |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/04/2024 | Payee name Garcia, Dennise | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO Box 140978 Dallas, TX 75214 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/26/2024 | Payee name Google | |
| Amount (\$) \$2.12 | Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email storage |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|--|-----------------------------|---------------|
| 1 Total pages Schedule F1: Sch: 19/34 Rpt: 38/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 | | | |
| 4 Date 03/26/2024 | 5 Payee name Google | | | | |
| 6 Amount (\$) \$2.12 | 7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email storage | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 04/26/2024 | Payee name Google | | | | |
| Amount (\$) \$2.12 | Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email storage | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 05/28/2024 | Payee name Google | | | | |
| Amount (\$) \$2.12 | Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email storage | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 20/34 Rpt: 39/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 06/26/2024 | 5 Payee name Google | |
| 6 Amount (\$) \$2.12 | 7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email storage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/29/2024 | Payee name Greenpoint Seafood and Oyster Bar | |
| Amount (\$) \$133.25 | Payee address; City; State; Zip Code 3219 Knox St Dallas, TX 75205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with law student |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/25/2024 | Payee name Greenpoint Seafood and Oyster Bar | |
| Amount (\$) \$199.55 | Payee address; City; State; Zip Code 3219 Knox St Dallas, TX 75205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with colleagues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: Sch: 21/34 Rpt: 40/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/24/2024 | 5 Payee name Hall Arts Tower | |
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code 2323 Ross Ave Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Hilton Hotels | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 8250 N Central Expy Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for CLE |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/21/2024 | Payee name Hudson House | |
| Amount (\$) \$142.45 | Payee address; City; State; Zip Code 4448 Lovers Ln Dallas, TX 75225 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues after event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 22/34 Rpt: 41/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 03/26/2024 | 5 Payee name Hunky's | |
| 6 Amount (\$) \$26.73 | 7 Payee address; City; State; Zip Code 321 N Bishop Ave Dallas, TX 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch w chambers attorneys |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/19/2024 | Payee name Jack Boles Belo Mansion Parking | |
| Amount (\$) \$4.00 | Payee address; City; State; Zip Code 8150 Brookriver Dr #140 Dallas, TX 75247 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking at monthly CLE luncheon |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/07/2024 | Payee name Jack Boles Belo Mansion Parking | |
| Amount (\$) \$5.00 | Payee address; City; State; Zip Code 8150 Brookriver Dr #140 Dallas, TX 75247 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 23/34 Rpt: 42/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
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| 4 Date 01/16/2024 | 5 Payee name LAZ Parking |
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| 6 Amount (\$) \$8.00 | 7 Payee address; City; State; Zip Code 1100 McKinney Ave. Dallas, TX 75202 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event parking |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/02/2024 | Payee name LC Craft Wine and Spirits |
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| Amount (\$) \$68.14 | Payee address; City; State; Zip Code 2070 S Bridgefarmer Rd Lowry Crossing, TX 75069 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for services rendered to campaign |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date 04/24/2024 | Payee name La Stella Italian |
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| Amount (\$) \$108.40 | Payee address; City; State; Zip Code 2330 Flora St #150 Dallas, TX 75201 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues |
|-------------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 24/34 Rpt: 43/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 06/26/2024 | 5 Payee name Mesero | |
| 6 Amount (\$) \$70.49 | 7 Payee address; City; State; Zip Code 2375 Victory Park Ln., Suite 180 Dallas, TX 75219 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/19/2024 | Payee name Mi Cocina Uptown | |
| Amount (\$) \$50.13 | Payee address; City; State; Zip Code 3232 McKinney Ave Suite 175 Dallas, TX 75204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues after CLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/01/2024 | Payee name Momo's Pasta | |
| Amount (\$) \$102.24 | Payee address; City; State; Zip Code 11910 Preston Rd Dallas, TX 75230 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 25/34 Rpt: 44/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 02/12/2024 | 5 Payee name Motley, Susan | |
| 6 Amount (\$) \$104.39 | 7 Payee address; City; State; Zip Code 2617 Still Meadow Rd. Irving, TX 75060 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution / processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/01/2024 | Payee name North Italia | |
| Amount (\$) \$80.85 | Payee address; City; State; Zip Code 2301 N Akard St Ste 280 Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues after event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Oak Cliff Pottery | |
| Amount (\$) \$146.14 | Payee address; City; State; Zip Code 919 S Franklin St, Dallas, TX 75211 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas present for staff attorneys |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 26/34 Rpt: 45/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 02/12/2024 | 5 Payee name Oak Cliff Pottery | |
| 6 Amount (\$) \$108.25 | 7 Payee address; City; State; Zip Code 919 S Franklin St. Dallas, TX 75211 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gift staff attorneys |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/25/2024 | Payee name Oak Cliff Pottery | |
| Amount (\$) \$717.15 | Payee address; City; State; Zip Code 919 S Franklin St. Dallas, TX 75211 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chambers christmas present / team building |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/09/2024 | Payee name Ocean Prime | |
| Amount (\$) \$51.96 | Payee address; City; State; Zip Code 2101 Cedar Springs Rd #150 Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner after event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 27/34 Rpt: 46/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 01/02/2024 | 5 Payee name Paper Source | |
| 6 Amount (\$) \$45.41 | 7 Payee address; City; State; Zip Code 4525 Cole Ave #170 Dallas, TX 75205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift wrapping, card |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Paper Source | |
| Amount (\$) \$97.43 | Payee address; City; State; Zip Code 4525 Cole Ave #170 Dallas, TX 75205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/14/2024 | Payee name Paper Source | |
| Amount (\$) \$126.11 | Payee address; City; State; Zip Code 4525 Cole Ave #170 Dallas, TX 75205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards / stationary |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 28/34 Rpt: 47/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
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| 4 Date 03/26/2024 | 5 Payee name Paradiso |
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| 6 Amount (\$) \$294.47 | 7 Payee address; City; State; Zip Code 308 N Bishop Ave Dallas, TX 75208 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with staff attorneys |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 02/09/2024 | Payee name Parigi |
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|-------------------------|---|
| Amount (\$) \$191.01 | Payee address; City; State; Zip Code 3311 Oak Lawn Ave Dallas, TX 75219 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with colleagues |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 04/25/2024 | Payee name Park Whiz |
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| Amount (\$) \$9.70 | Payee address; City; State; Zip Code 4646 McKinney Ave. Dallas, TX 75205 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for lunch with colleagues |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 29/34 Rpt: 48/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 01/16/2024 | 5 Payee name ParkMobile | |
| 6 Amount (\$) \$2.45 | 7 Payee address; City; State; Zip Code 1100 Spring Street NW Atlanta, GA 30309 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event parking |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/09/2024 | Payee name ParkMobile | |
| Amount (\$) \$3.35 | Payee address; City; State; Zip Code 1100 Spring Street NW Atlanta, GA 30309 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking at event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2024 | Payee name ParkMobile | |
| Amount (\$) \$2.60 | Payee address; City; State; Zip Code 1100 Spring Street NW Atlanta, GA 30309 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 30/34 Rpt: 49/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 04/26/2024 | 5 Payee name Pecan Lodge | |
| 6 Amount (\$) \$62.50 | 7 Payee address; City; State; Zip Code 2702 Main St Dallas, TX 75226 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with law student |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/01/2024 | Payee name Pilot Flying J | |
| Amount (\$) \$70.33 | Payee address; City; State; Zip Code 11710 North Interstate 35 Jarrell, TX 76537 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for trip to Austin for court of review |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Redenta's | |
| Amount (\$) \$73.93 | Payee address; City; State; Zip Code 2001 Skillman St Dallas, TX 75206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gift staff attorneys |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 31/34 Rpt: 50/55 | 2 FILER NAME Reichck , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 02/01/2024 | 5 Payee name Reilly Echols | |
| 6 Amount (\$) \$7,779.77 | 7 Payee address; City; State; Zip Code 1710 S Harwood St Dallas, TX 75215 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/16/2024 | Payee name Salum | |
| Amount (\$) \$112.01 | Payee address; City; State; Zip Code 4152 Cole Ave # 103 Dallas, TX 75204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with staff attorneys |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/02/2024 | Payee name Southwest Airlines | |
| Amount (\$) \$436.96 | Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare for CLE |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 32/34 Rpt: 51/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 01/04/2024 | 5 Payee name Tarrant County Bar Association | |
| 6 Amount (\$) \$90.00 | 7 Payee address; City; State; Zip Code 1315 Calhoun St Fort Worth, TX 76102 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for CLE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/08/2024 | Payee name Texas Board of Legal Specialization | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 505 E. Huntland Drive Suite 400 Austin, TX 78752 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Board certification fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/10/2024 | Payee name Texas Center for the Judiciary | |
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code 1210 San Antonio St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: Sch: 33/34 Rpt: 52/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 02/02/2024 | 5 Payee name The Order Desk | |
| 6 Amount (\$) \$16,075.32 | 7 Payee address; City; State; Zip Code 9840 Monroe Dr #104 Dallas, TX 75220 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name The Saint | |
| Amount (\$) \$1,768.72 | Payee address; City; State; Zip Code 2633 Gaston Ave Dallas, TX 75226 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chambers holiday party |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/11/2024 | Payee name Uber | |
| Amount (\$) \$86.77 | Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco, CA 94103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation associated with TTU CLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 34/34 Rpt: 53/55 | 2 FILER NAME Reichek , Amanda (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082184 |
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| 4 Date 04/29/2024 | 5 Payee name Uber |
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| 6 Amount (\$) \$22.78 | 7 Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco, CA 94103 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation associated with court of review |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 05/01/2024 | Payee name Valet Tips |
|--------------------|--------------------------|

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| Amount (\$) \$12.65 | Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel valet |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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

SCHEDULE K

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 54/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 02/03/2024 | 5 Name of person from whom amount is received Burns, Robert | 8 Amount (\$) \$30.00 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75202 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Reimbursement for staff get well gift | |
| Date 01/17/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$9.23 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 02/15/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$6.94 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 04/15/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$5.82 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 03/15/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$5.73 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |

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

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 55/55 |
| 2 FILER NAME Reichck , Amanda (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082184 |
| 4 Date 05/15/2024 | 5 Name of person from whom amount is received Frost Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | 8 Amount (\$) \$6.25 |
| | 7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 06/17/2024 | Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | Amount (\$) \$9.87 |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/13/2024 | Name of person from whom amount is received Goldstein, Bonnie <hr/> Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75214 | Amount (\$) \$30.00 |
| | Purpose for which amount is received Reimbursement for staff get well gift <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 06/20/2024 | Name of person from whom amount is received Kipness, Robbie <hr/> Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75206 | Amount (\$) \$99.00 |
| | Purpose for which amount is received Reimbursement for staff sympathy gift <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/03/2024 | Name of person from whom amount is received Smith, Craig <hr/> Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75202 | Amount (\$) \$30.00 |
| | Purpose for which amount is received Reimbursement for staff get well gift <input type="checkbox"/> Check if political contribution returned to filer | |