

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|--|---|---|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00062108 | 2 Total pages filed: 87 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Armando L. | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Walle | SUFFIX Jr. | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 4826 Hollybrook Ln. Houston, TX 77039 | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # |
| | | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Rose M. | MI | |
| | NICKNAME | LAST Avalos | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2907 Travick Lane Houston, TX 77073 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (281) | 814-7941 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH |
| | 01/01/2024 | | | 06/30/2024 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| | 11/04/2024 | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 140 Harris | | 12 OFFICE SOUGHT (if known) State Representative District 140 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 87

| | |
|---|---|
| 13 C / OH NAME Walle Jr., Armando L. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00062108 |
|---|---|

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

| | | | |
|--------------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 1,592.50 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 115,517.50 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 1,254.80 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 62,616.79 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 219,056.59 |
| 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 Armando L. Walle Jr.
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Walle Jr., Armando L. (The Honorable) | | 19 Filer ID 00062108 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 114,717.50 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 800.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 62,616.79 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/24 Rpt: 4/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/26/2024 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00374447) AECOM PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20006 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Kathy <hr/> Contributor address; City; State; Zip Code Houston, TX 77018 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Executive Assistant | | Employer (See Instructions) Jeffries |
| Date 05/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrawal, Durga <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Piping Technology & Products |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre Vasquez, Clarissa <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Case Manager | | Employer (See Instructions) Weston Legal |
| Date 02/20/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) Altria Group <hr/> Contributor address; City; State; Zip Code Washington, DC 20001 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/24 Rpt: 5/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber L Hausenfluck <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancira Strategies Partners LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autry Public Affairs LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baylor Med <hr/> Contributor address; City; State; Zip Code Houston, TX 77010 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/24 Rpt: 6/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC | 7 Amount of Contribution (\$) \$1,500.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge | Amount of Contribution (\$) \$3,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Eric | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Houston, TX 77019 | | |
| Principal occupation / Job title (See Instructions) Government Affairs | | Employer (See Instructions) NRG |
| Date 04/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Loren | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Houston, TX 77006 | | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) University of Houston Downtown |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC | Amount of Contribution (\$) \$10,000.00 |
| Contributor address; City; State; Zip Code McAllen, TX 78504 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/24 Rpt: 7/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracewell PAC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherhood of Locomotive Engineers & Trainmen <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns & McDonnell Texas PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77024 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casas, Andrew <hr/> Contributor address; City; State; Zip Code Houston, TX 77055 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) UT Health Science Center Houston |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Mario <hr/> Contributor address; City; State; Zip Code Humble, TX 77396 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) College |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/24 Rpt: 8/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CenterPoint Energy | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77210 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Esmeralda | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77039 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 03/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb Fendley PAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77041 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Celia | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78756 | | |
| Principal occupation / Job title (See Instructions) Nonprofit Executive | | Employer (See Instructions) Feeding Texas |
| Date 02/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Celia | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78756 | | |
| Principal occupation / Job title (See Instructions) Nonprofit Executive | | Employer (See Instructions) Feeding Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/24 Rpt: 9/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Celia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Nonprofit Executive | | 9 Employer (See Instructions) Feeding Texas |
| Date 04/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Celia <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Nonprofit Executive | | Employer (See Instructions) Feeding Texas |
| Date 05/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Celia <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Nonprofit Executive | | Employer (See Instructions) Feeding Texas |
| Date 06/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Celia <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Nonprofit Executive | | Employer (See Instructions) Feeding Texas |
| Date 03/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Consulting Engineers PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/24 Rpt: 10/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, John <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77388 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) International Representative | | 9 Employer (See Instructions) IBEW |
| Date 04/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Roland <hr/> Contributor address; City; State; Zip Code Houston, TX 77042 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Greenberg Traurig |
| Date 06/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77077 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Abel <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 05/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Abel <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/24 Rpt: 11/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Abel <hr/> 6 Contributor address; City; State; Zip Code Angleton, TX 77515 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Baldemar <hr/> Contributor address; City; State; Zip Code Alice, TX 78332 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 01/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttierrez, Abel <hr/> Contributor address; City; State; Zip Code Angelton, TX 77515 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 02/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttierrez, Abel <hr/> Contributor address; City; State; Zip Code Angelton, TX 77515 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 05/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$4,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/24 Rpt: 12/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Anthony <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) HMWK |
| Date 03/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates PAC <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassenflu, Alan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Fidelis Realty Partners |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattery, Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) Boys & Girls Clubs |
| Date 04/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattery, Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) Boys & Girls Clubs |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/24 Rpt: 13/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillier, King <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) VP | | Employer (See Instructions) Harris Health System |
| Date 04/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hitchcock, Jonna <hr/> Contributor address; City; State; Zip Code Houston, TX 77025 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 04/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcombe, Wayne <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Gradient |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston ILA Dock and Marine Council PAC <hr/> Contributor address; City; State; Zip Code Webster, TX 77598 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/24 Rpt: 14/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers' Union <hr/> Contributor address; City; State; Zip Code Houston, TX 77007 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Retired Officers Association PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77219 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/13/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00027342</u>) IBEW PAC Voluntary Fund <hr/> Contributor address; City; State; Zip Code Washington, DC 20001 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78768 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/24 Rpt: 15/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker LLP | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janak, Larry | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77094 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) IDCUS |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalaga, Sharat | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Sugar Land, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) Civitas |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer Konsulting LLC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Eastland, TX 76448 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77242 | | |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Civitas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/24 Rpt: 16/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimball, Robert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77084 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 03/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANPAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77042 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW - PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW - PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanagan, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77009 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/24 Rpt: 17/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lease, Lane | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Spring, TX 77389 | |
| 8 Principal occupation / Job title (See Instructions) VP | | 9 Employer (See Instructions) RODS |
| Date 03/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lennard, Lee | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77450 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) BGE |
| Date 04/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Roy | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77008 | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Alma Latina |
| Date 03/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jack | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77077 | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 04/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Robert | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Locke Lord LLP |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/24 Rpt: 18/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindiola, Tatcho <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 04/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Nancy <hr/> Contributor address; City; State; Zip Code Humble, TX 77396 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Lone Star College |
| Date 04/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monty, Jacob <hr/> Contributor address; City; State; Zip Code Houston, TX 77076 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) M&R |
| Date 05/16/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG Energy PAC <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/24 Rpt: 19/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape-Dawson Engineers PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78213 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/19/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00103549</u>) Parsons Corporation PAC Contributor address; City; State; Zip Code Pasadena, CA 91124 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Jim Mac Contributor address; City; State; Zip Code Houston, TX 77056 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Perdue & Kidd |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philips Uresti Meachum Partners Contributor address; City; State; Zip Code Austin, TX 78711 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, John Contributor address; City; State; Zip Code Houston, TX 77019 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) Kirkland & Ellis |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/24 Rpt: 20/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union No. 68 PAC Fund <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77249 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union No. 68 PAC Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77249 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porsa, Esmaeil <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Harris Health System |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Jeannette <hr/> Contributor address; City; State; Zip Code Houston, TX 77020 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Milam St. Auto |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Gregg <hr/> Contributor address; City; State; Zip Code Houston, TX 77024 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) ReyTec Construction Services |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/24 Rpt: 21/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Daniel <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) RRP Consulting |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schatte, Andrew <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Stonehenge Holdings |
| Date 05/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulgen, Seth <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) VP | | Employer (See Instructions) Williams Brothers Construction |
| Date 04/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Service Corporation International PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77219 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Christopher <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) SAM |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/24 Rpt: 22/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Sorola Consulting Services |
| Date 04/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code Houston, TX 77008 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Sorola Consulting Services |
| Date 02/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Patti <hr/> Contributor address; City; State; Zip Code Houston, TX 77056 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Political fundraiser | | Employer (See Instructions) Strong Strategies, LLC |
| Date 04/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSA PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Adriana <hr/> Contributor address; City; State; Zip Code Houston, TX 77019 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Tejano Center |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/24 Rpt: 23/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFT | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78741 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Homecare & Hospice PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78703 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/24 Rpt: 24/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Occupational Therapy | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77062 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Rural Water PAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC | Amount of Contribution (\$) \$4,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Surplus Lines Association PAC | Amount of Contribution (\$) \$1,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78766 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/24 Rpt: 25/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurber, William <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Jacobs Engineering Group |
| Date 05/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Marlen <hr/> Contributor address; City; State; Zip Code Houston, TX 77055 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) Spring Branch CHC |
| Date 06/17/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00010470</u>) Union Pacific Corporation Fund <hr/> Contributor address; City; State; Zip Code Washington, DC 20004 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) University of Houston PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77046 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/24 Rpt: 26/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jerry | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78711 | | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Self |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallot, Colette | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75219 | | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 03/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wantman, David | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Wellington, FL 33414 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) WGI |
| Date 04/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Freddy | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77019 | | |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) Memorial Hermann |
| Date 04/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitmire, Whitney | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77018 | | |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) Whitmire & Munoz |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/24 Rpt: 27/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$1,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Jr., Welcome <hr/> Contributor address; City; State; Zip Code Houston, TX 77057 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Real Estate Executive | | Employer (See Instructions) Welcome Group LLC |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 28/87 | |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 05/21/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge | 8 Amount of contribution (\$) \$350.00 | 9 In-kind contribution description Email invitation distribution for fundraiser |
| | 7 Contributor address; City; State; Zip Code Austin, TX 78701 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Earl & Associates | Amount of contribution (\$) \$175.00 | In-kind contribution description Austin club room charge for fundraiser |
| | Contributor address; City; State; Zip Code San Antonio, TX 78240 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 05/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legislative Solutions | Amount of contribution (\$) \$275.00 | In-kind contribution description Event coordination fee for fundraiser |
| | Contributor address; City; State; Zip Code Austin, TX 78763 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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: 1/58 Rpt: 29/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/20/2024 | 5 Payee name 1-800-Flowers | |
| 6 Amount (\$) \$106.06 | 7 Payee address; City; State; Zip Code Two Jericho Plaza Floor Two Jericho, NY 11753 | |
| 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 Memorial flowers for funeral service |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2024 | Payee name ActBlue | |
| Amount (\$) \$3.95 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2024 | Payee name ActBlue | |
| Amount (\$) \$0.60 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 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: 2/58 Rpt: 30/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/21/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$3.96 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/28/2024 | Payee name ActBlue | |
| Amount (\$) \$24.64 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/04/2024 | Payee name ActBlue | |
| Amount (\$) \$28.85 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 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: 3/58 Rpt: 31/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/18/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$23.71 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/25/2024 | Payee name ActBlue | |
| Amount (\$) \$0.80 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/03/2024 | Payee name ActBlue | |
| Amount (\$) \$53.15 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 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: 4/58 Rpt: 32/87 | 2 | FILER NAME Walle Jr., Armando L. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00062108 |
| 4 | Date 03/10/2024 | 5 | Payee name ActBlue | | |
| 6 | Amount (\$) \$8.72 | 7 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 03/17/2024 | | Payee name ActBlue | | |
| | Amount (\$) \$11.47 | | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 03/24/2024 | | Payee name ActBlue | | |
| | Amount (\$) \$2.58 | | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees | | |
| | | 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: 5/58 Rpt: 33/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/31/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$9.88 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/07/2024 | Payee name ActBlue | |
| Amount (\$) \$92.83 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/14/2024 | Payee name ActBlue | |
| Amount (\$) \$53.34 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 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: 6/58 Rpt: 34/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/21/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$63.21 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/28/2024 | Payee name ActBlue | |
| Amount (\$) \$257.35 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/05/2024 | Payee name ActBlue | |
| Amount (\$) \$166.92 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 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: 7/58 Rpt: 35/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/19/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$1.98 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2024 | Payee name ActBlue | |
| Amount (\$) \$20.15 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/09/2024 | Payee name ActBlue | |
| Amount (\$) \$3.95 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 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: 8/58 Rpt: 36/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/23/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$2.38 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 ActBlue Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2024 | Payee name Adobe | |
| Amount (\$) \$22.72 | Payee address; City; State; Zip Code 151 S Almaden Blvd. San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design software subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2024 | Payee name Adobe | |
| Amount (\$) \$22.72 | Payee address; City; State; Zip Code 151 S Almaden Blvd. San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design software subscription |
| 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: 9/58 Rpt: 37/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/13/2024 | 5 Payee name Adobe | |
| 6 Amount (\$) \$22.72 | 7 Payee address; City; State; Zip Code 151 S Almaden Blvd. San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design software subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/13/2024 | Payee name Adobe | |
| Amount (\$) \$22.72 | Payee address; City; State; Zip Code 151 S Almaden Blvd. San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design software subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/13/2024 | Payee name Adobe | |
| Amount (\$) \$22.72 | Payee address; City; State; Zip Code 151 S Almaden Blvd. San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design software subscription |
| 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: 10/58 Rpt: 38/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/13/2024 | 5 Payee name Adobe | |
| 6 Amount (\$) \$22.72 | 7 Payee address; City; State; Zip Code 151 S Almaden Blvd. San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design software subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/15/2024 | Payee name Aldine High School | |
| Amount (\$) \$520.00 | Payee address; City; State; Zip Code 11101 Airline Drive Houston, TX 77037 | |
| 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 District High School Donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2024 | Payee name Aloft | |
| Amount (\$) \$136.12 | Payee address; City; State; Zip Code 109 E 7th 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 Lunch for constituents after Capitol tour |
| 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: 11/58 Rpt: 39/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/30/2024 | 5 Payee name Amare, TSION | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 3710 Tranquility Lane #10105 Rowlett, TX 75089 | |
| 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 Website rebuilding contract |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/29/2024 | Payee name Amare, TSION | |
| Amount (\$) \$600.00 | Payee address; City; State; Zip Code 3710 Tranquility Lane #10105 Rowlett, TX 75089 | |
| 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 Website rebuilding contract |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/10/2024 | Payee name Amazon | |
| Amount (\$) \$59.65 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (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 |
| 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: 12/58 Rpt: 40/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/16/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$173.19 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/16/2024 | Payee name Amazon | |
| Amount (\$) \$173.19 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/16/2024 | Payee name Amazon | |
| Amount (\$) \$150.45 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| 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: 13/58 Rpt: 41/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/16/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$184.01 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2024 | Payee name Amazon | |
| Amount (\$) \$194.84 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2024 | Payee name Amazon | |
| Amount (\$) \$723.92 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| 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: 14/58 Rpt: 42/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/20/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$64.78 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2024 | Payee name Amazon | |
| Amount (\$) \$368.03 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2024 | Payee name Amazon | |
| Amount (\$) \$204.47 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture and supplies for new district office |
| 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: 15/58 Rpt: 43/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/06/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$37.98 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (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 for Capitol Office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/06/2024 | Payee name Amazon | |
| Amount (\$) \$303.07 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (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 for District Office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/17/2024 | Payee name Amazon | |
| Amount (\$) \$41.22 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (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 for Capitol Office |
| 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: 16/58 Rpt: 44/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/18/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$83.69 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (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 for Capitol Office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/29/2024 | Payee name Amy Hinojosa Campaign | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1315 Diamante Dr. Pasadena, TX 77504 | |
| 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 Donation to HDOE Trustee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/29/2024 | Payee name Amy Hinojosa Campaign | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1315 Diamante Dr. Pasadena, TX 77504 | |
| 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 Donation to HDOE Trustee |
| 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: 17/58 Rpt: 45/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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|-----------------------------|------------------------------------|
| 4 Date 03/21/2024 | 5 Payee name Bakerripley |
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|----------------------------------|---|
| 6 Amount (\$) \$420.00 | 7 Payee address; City; State; Zip Code 4450 Harrisburg Blvd. #200 Houston, TX 77011 |
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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 Cost of funeral reception in district |
|---------------------------------|--|---|

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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 03/21/2024 | Payee name Bakerripley |
|--------------------|---------------------------|

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|-------------------------|--|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 4450 Harrisburg Blvd. #200 Houston, TX 77011 |
|-------------------------|--|

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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 Cost of funeral reception in district |
|-------------------------------|--|---|

| | | | |
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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 01/17/2024 | Payee name Blue Roots Strategies |
|--------------------|-------------------------------------|

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|-------------------------|---|
| Amount (\$) \$127.79 | Payee address; City; State; Zip Code P.O. Box 300053 Austin, TX 78703 |
|-------------------------|---|

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

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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: 18/58 Rpt: 46/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/02/2024 | 5 Payee name Brennan's | |
| 6 Amount (\$) \$4,191.72 | 7 Payee address; City; State; Zip Code 3300 Smith St. Houston, TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Event space rental, plus food & beverage for Spring Fundraiser |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2024 | Payee name Campuzano, Maura | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 8110 Old Maple Lane Humble, TX 77338 | |
| 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 Fee for photographer at Spring Fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/25/2024 | Payee name Canva | |
| Amount (\$) \$1.00 | Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| 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: 19/58 Rpt: 47/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/24/2024 | 5 Payee name Canva | |
| 6 Amount (\$) \$24.00 | 7 Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2024 | Payee name Canva | |
| Amount (\$) \$24.00 | Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/24/2024 | Payee name Canva | |
| Amount (\$) \$24.00 | Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| 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: 20/58 Rpt: 48/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/24/2024 | 5 Payee name Canva | |
| 6 Amount (\$) \$24.00 | 7 Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/10/2024 | Payee name Canva | |
| Amount (\$) \$119.99 | Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2024 | Payee name Canva | |
| Amount (\$) \$24.00 | Payee address; City; State; Zip Code 200 E 6th St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design software subscription |
| 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: 21/58 Rpt: 49/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/29/2024 | 5 Payee name Cosmopolitan Las Vegas | |
| 6 Amount (\$) \$419.51 | 7 Payee address; City; State; Zip Code 3708 Las Vegas Blvd. S Las Vegas, NV 89109 | |
| 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 Hotel stay during NALEO conference |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/18/2024 | Payee name Cosmopolitan Las Vegas | |
| Amount (\$) \$736.90 | Payee address; City; State; Zip Code 3708 Las Vegas Blvd. S Las Vegas, NV 89109 | |
| 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 stay during NALEO conference |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/18/2024 | Payee name Cosmopolitan Las Vegas | |
| Amount (\$) \$78.03 | Payee address; City; State; Zip Code 3708 Las Vegas Blvd. S Las Vegas, NV 89109 | |
| 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 Fees during hotel stay for NALEO conference |
| 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: 22/58 Rpt: 50/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
|--|--|--|

| | |
|-----------------------------|---|
| 4 Date 06/19/2024 | 5 Payee name Cosmopolitan Las Vegas |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$25.03 | 7 Payee address; City; State; Zip Code 3708 Las Vegas Blvd. S Las Vegas, NV 89109 |
|---------------------------------|--|

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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 Fees during hotel stay for NALEO conference |
|---------------------------------|---|---|

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

| | |
|--------------------|-------------------------|
| Date 01/01/2024 | Payee name Cubesmart |
|--------------------|-------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$231.00 | Payee address; City; State; Zip Code 5 Old Lancaster Rd. Malvern, PA 19355 |
|-------------------------|--|

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

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

| | |
|--------------------|-------------------------|
| Date 02/01/2024 | Payee name Cubesmart |
|--------------------|-------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$231.00 | Payee address; City; State; Zip Code 5 Old Lancaster Rd. Malvern, PA 19355 |
|-------------------------|--|

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

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 23/58 Rpt: 51/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/01/2024 | 5 Payee name Cubesmart | |
| 6 Amount (\$) \$231.00 | 7 Payee address; City; State; Zip Code 5 Old Lancaster Rd. Malvern, PA 19355 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Storage Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage facility rental |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/01/2024 | Payee name Cubesmart | |
| Amount (\$) \$231.00 | Payee address; City; State; Zip Code 5 Old Lancaster Rd. Malvern, PA 19355 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Storage Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage facility rental |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/01/2024 | Payee name Curatola, Jacqueline | |
| Amount (\$) \$1,356.92 | Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| 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: 24/58 Rpt: 52/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/01/2024 | 5 Payee name Curatola, Jacqueline | |
| 6 Amount (\$) \$923.50 | 7 Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/30/2024 | Payee name Curatola, Jacqueline | |
| Amount (\$) \$923.50 | Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/01/2024 | Payee name Curatola, Jacqueline | |
| Amount (\$) \$923.50 | Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| 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: 25/58 Rpt: 53/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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|-----------------------------|---|
| 4 Date 05/31/2024 | 5 Payee name Curatola, Jacqueline |
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|----------------------------------|---|
| 6 Amount (\$) \$923.50 | 7 Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
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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 06/06/2024 | Payee name Curatola, Jacqueline |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for working campaign event |
|------------------------|--|--|

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

| | |
|--------------------|------------------------------------|
| Date 06/29/2024 | Payee name Curatola, Jacqueline |
|--------------------|------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$923.50 | Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 |
|-------------------------|--|

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

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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: 26/58 Rpt: 54/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/25/2024 | 5 Payee name Del Friscos | |
| 6 Amount (\$) \$352.70 | 7 Payee address; City; State; Zip Code 1510 West Loop South Houston, TX 77027 | |
| 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 Meeting with Lone Star College |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/25/2024 | Payee name DoubleTree Hotel | |
| Amount (\$) \$428.36 | Payee address; City; State; Zip Code 7930 Jones Branch Drive Ste 1100 McLean, VA 22102 | |
| 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 Travel to McAllen for legislative meeting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/17/2024 | Payee name Fairfield Inn | |
| Amount (\$) \$111.15 | Payee address; City; State; Zip Code 7750 Wisconsin Ave. Bethesda, MD 20814 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Lodging | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff hotel during team meetings in district |
| 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: 27/58 Rpt: 55/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/17/2024 | 5 Payee name Fairfield Inn | |
| 6 Amount (\$) \$111.15 | 7 Payee address; City; State; Zip Code 7750 Wisconsin Ave. Bethesda, MD 20814 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Lodging | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff hotel during team meetings in district |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/23/2024 | Payee name Fairfield Inn | |
| Amount (\$) \$5.05 | Payee address; City; State; Zip Code 7750 Wisconsin Ave. Bethesda, MD 20814 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Lodging | (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 staff hotel during team meetings in district |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/24/2024 | Payee name Fairfield Inn | |
| Amount (\$) \$5.05 | Payee address; City; State; Zip Code 7750 Wisconsin Ave. Bethesda, MD 20814 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Lodging | (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 staff hotel during team meetings in district |
| 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: 28/58 Rpt: 56/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/18/2024 | 5 Payee name GoFundMe | |
| 6 Amount (\$) \$510.00 | 7 Payee address; City; State; Zip Code 855 Jefferson Ave. Redwood City, CA 94063 | |
| 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 Sponsorship for free senior portrait event at high schools in district |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2024 | Payee name Goodman Campaigns | |
| Amount (\$) \$879.13 | Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701 | |
| 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 Fundraising consultant fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/05/2024 | Payee name Goodman Campaigns | |
| Amount (\$) \$16.90 | Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701 | |
| 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 Fundraising consultant 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: 29/58 Rpt: 57/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/06/2024 | 5 Payee name Goodman Campaigns | |
| 6 Amount (\$) \$923.00 | 7 Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701 | |
| 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 Fundraising consultant fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/10/2024 | Payee name Goodman Campaigns | |
| Amount (\$) \$743.75 | Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701 | |
| 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 Fundraising consultant fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/31/2024 | Payee name Goodman Campaigns | |
| Amount (\$) \$95.00 | Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701 | |
| 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 Fundraising consultant 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: 30/58 Rpt: 58/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/16/2024 | 5 Payee name Gulf Coast AFLCIO | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 2506 Sutherland St. Houston, TX 77023 | |
| 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 2024 Working Families Awards Celebration ticket |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/12/2024 | Payee name Home Depot | |
| Amount (\$) \$817.27 | Payee address; City; State; Zip Code 2455 Paces Ferry Road NW Atlanta, GA 30339 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refrigerator for District Office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/10/2024 | Payee name Hotel Ella | |
| Amount (\$) \$216.32 | Payee address; City; State; Zip Code 1990 Rio Grande St. Austin, TX 78705 | |
| 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 Travel to Austin on Legislative Business |
| 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: 31/58 Rpt: 59/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/11/2024 | 5 Payee name Hotel Ella | |
| 6 Amount (\$) \$48.71 | 7 Payee address; City; State; Zip Code 1990 Rio Grande St. Austin, TX 78705 | |
| 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 Travel to Austin on Legislative Business |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/18/2024 | Payee name Houston Livestock Show | |
| Amount (\$) \$700.00 | Payee address; City; State; Zip Code 3 NRG Park Houston, TX 77054 | |
| 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 Directors Club Tickets to Houston Livestock Show and Rodeo |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2024 | Payee name Internal Revenue Service | |
| Amount (\$) \$1,281.66 | Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| 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: 32/58 Rpt: 60/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/31/2024 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$84.00 | 7 Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/15/2024 | Payee name Internal Revenue Service | |
| Amount (\$) \$1,530.17 | Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/15/2024 | Payee name Internal Revenue Service | |
| Amount (\$) \$1,530.17 | Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| 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: 33/58 Rpt: 61/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/13/2024 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$1,425.34 | 7 Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/15/2024 | Payee name Internal Revenue Service | |
| Amount (\$) \$782.84 | Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/15/2024 | Payee name Internal Revenue Service | |
| Amount (\$) \$782.84 | Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 | |
| 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 Payroll Taxes |
| 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: 34/58 Rpt: 62/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| 4 Date 02/20/2024 | 5 Payee name J & N Enterprises, Inc. |
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| 6 Amount (\$) \$146.06 | 7 Payee address; City; State; Zip Code 2519 Fairway Park Dr. Ste. 302 Houston, TX 77092 |
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| 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 Yard signs |
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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 04/24/2024 | Payee name J & N Enterprises, Inc. |
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| Amount (\$) \$1,599.88 | Payee address; City; State; Zip Code 2519 Fairway Park Dr. Ste. 302 Houston, TX 77092 |
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| 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 Cost to print campaign merchandise |
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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 01/19/2024 | Payee name Judge Dawn Rogers Campaign |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 6037 N. Fry Road Ste. 126-539 Katy, TX 77449 |
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| 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 Donation to Judicial 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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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: 35/58 Rpt: 63/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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|-----------------------------|---|
| 4 Date 01/19/2024 | 5 Payee name Judge Michael Gomez Campaign |
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| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 2100 W. Loop South Ste. 900 Houston, TX 77027 |
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| 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 Donation to Judicial Campaign |
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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 01/19/2024 | Payee name Judge Robert Schaffer Campaign |
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| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 4615 Southwest Freeway Ste. 600 Houston, TX 77027 |
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| 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 Donation to Judicial 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 01/19/2024 | Payee name Kristen Hawkins for Judge |
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| Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO Box 66816 Houston, TX 77266 |
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| 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 Donation to Judicial 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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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: 36/58 Rpt: 64/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/19/2024 | 5 Payee name Kyle Carter for Judge | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1314 Texas Ave. Ste. 1110 Houston, TX 77002 | |
| 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 Donation to Judicial Campaign |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/19/2024 | Payee name LULAC District 8 | |
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code PO Box 8620 Houston, TX 77249 | |
| 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 Donation to LULAC District 8 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/25/2024 | Payee name Mailchimp | |
| Amount (\$) \$106.60 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to email distribution software |
| 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: 37/58 Rpt: 65/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/25/2024 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$106.60 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to email distribution software |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/25/2024 | Payee name Mailchimp | |
| Amount (\$) \$98.07 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to email distribution software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/25/2024 | Payee name Mailchimp | |
| Amount (\$) \$98.07 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to email distribution software |
| 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: 38/58 Rpt: 66/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/25/2024 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$98.07 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to email distribution software |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/25/2024 | Payee name Mailchimp | |
| Amount (\$) \$98.07 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to email distribution software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/27/2024 | Payee name NALEO Educational Fund | |
| Amount (\$) \$700.00 | Payee address; City; State; Zip Code 1000 Corporate Center Dr. Ste. 310 Monterey Park, CA 91754 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Conference | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pass for NALEO Conference |
| 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: 39/58 Rpt: 67/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| 4 Date 06/18/2024 | 5 Payee name NALEO Educational Fund |
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| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 1000 Corporate Center Dr. Ste. 310 Monterey Park, CA 91754 |
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| 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 Donation to NALEO |
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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 04/16/2024 | Payee name Planned Parenthood Texas Votes |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO Box 41646 Austin, TX 78704 |
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| 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 Donation to PPTV anniversary event |
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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 06/07/2024 | Payee name Plaza Hotel El Paso |
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| Amount (\$) \$702.66 | Payee address; City; State; Zip Code 106 W. Mills Ave. El Paso, TX 79901 |
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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 TDP Convention |
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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: 40/58 Rpt: 68/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/19/2024 | 5 Payee name Precinct4Forward | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 14444 Holderrieth Rd. Tomball, TX 77377 | |
| 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 Donation to new Harris County outreach nonprofit |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2024 | Payee name QuickBooks Payments | |
| Amount (\$) \$92.74 | Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/15/2024 | Payee name QuickBooks Payments | |
| Amount (\$) \$92.74 | Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 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: 41/58 Rpt: 69/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 03/15/2024 | 5 Payee name QuickBooks Payments | |
| 6 Amount (\$) \$92.74 | 7 Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/16/2024 | Payee name QuickBooks Payments | |
| Amount (\$) \$92.74 | Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/15/2024 | Payee name QuickBooks Payments | |
| Amount (\$) \$92.74 | Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 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: 42/58 Rpt: 70/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/15/2024 | 5 Payee name QuickBooks Payments | |
| 6 Amount (\$) \$92.74 | 7 Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/07/2024 | Payee name Raising Canes | |
| Amount (\$) \$229.14 | Payee address; City; State; Zip Code 100 North St. Ste. 802 Baton Rouge, LA 70802 | |
| 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 donation for students at Baker Ripley summer camp |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/24/2024 | Payee name Saltgrass | |
| Amount (\$) \$239.20 | Payee address; City; State; Zip Code 1510 W. Loop South Houston, TX 77027 | |
| 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 Staff dinner |
| 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: 43/58 Rpt: 71/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 02/01/2024 | 5 Payee name Santucci, Cara | |
| 6 Amount (\$) \$1,526.56 | 7 Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff salary |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/01/2024 | Payee name Santucci, Cara | |
| Amount (\$) \$1,526.56 | Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/30/2024 | Payee name Santucci, Cara | |
| Amount (\$) \$2,169.06 | Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| 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: 44/58 Rpt: 72/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/01/2024 | 5 Payee name Santucci, Cara | |
| 6 Amount (\$) \$2,169.06 | 7 Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/29/2024 | Payee name Santucci, Cara | |
| Amount (\$) \$2,169.06 | Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/03/2024 | Payee name Santucci, Cara | |
| Amount (\$) \$217.08 | Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement for travel for fundraiser |
| 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: 45/58 Rpt: 73/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/31/2024 | 5 Payee name Santucci, Cara | |
| 6 Amount (\$) \$2,169.06 | 7 Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/28/2024 | Payee name SquareSpace | |
| Amount (\$) \$26.65 | Payee address; City; State; Zip Code 225 Varick St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Website | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/02/2024 | Payee name SquareSpace | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code 225 Varick St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Website | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance expense |
| 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: 46/58 Rpt: 74/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/28/2024 | 5 Payee name SquareSpace | |
| 6 Amount (\$) \$26.65 | 7 Payee address; City; State; Zip Code 225 Varick St. New York, NY 10014 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Website | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/27/2024 | Payee name SquareSpace | |
| Amount (\$) \$26.65 | Payee address; City; State; Zip Code 225 Varick St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Website | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/27/2024 | Payee name SquareSpace | |
| Amount (\$) \$26.65 | Payee address; City; State; Zip Code 225 Varick St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Website | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance expense |
| 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: 47/58 Rpt: 75/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| | |
|-----------------------------|--|
| 4 Date 02/05/2024 | 5 Payee name Suburban Houston Association of Bilingual Educators |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code P.O. Box 90670 Houston, TX 77290 |
|----------------------------------|--|

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|---------------------------------|---|---|
| 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 Donation to Educator of the Year Scholarship Fund |
|---------------------------------|---|---|

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

| | |
|--------------------|---------------------------|
| Date 02/07/2024 | Payee name Switchboard |
|--------------------|---------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$141.69 | Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20033 |
|-------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Cost for fundraising texting program |
|-------------------------------|---|--|

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

| | |
|--------------------|---------------------------|
| Date 03/06/2024 | Payee name Switchboard |
|--------------------|---------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$150.94 | Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20033 |
|-------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Cost for fundraising texting program |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 48/58 Rpt: 76/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/05/2024 | 5 Payee name Switchboard | |
| 6 Amount (\$) \$145.03 | 7 Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20033 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Cost for fundraising texting program |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/19/2024 | Payee name Teleflora | |
| Amount (\$) \$211.05 | Payee address; City; State; Zip Code 11444 West Olympic Blvd. 4th Floor Los Angeles, CA 90064 | |
| 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 Memorial flowers for funeral service |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/22/2024 | Payee name Teleflora | |
| Amount (\$) \$113.63 | Payee address; City; State; Zip Code 11444 West Olympic Blvd. 4th Floor Los Angeles, CA 90064 | |
| 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 Memorial flowers for funeral service |
| 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: 49/58 Rpt: 77/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/27/2024 | 5 Payee name Texas Democratic Party | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761 | |
| 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 Sponsorship for TDP Convention |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/24/2024 | Payee name Texas Workforce Commission | |
| Amount (\$) \$744.58 | Payee address; City; State; Zip Code 101 E 15th St. Austin, TX 78778 | |
| 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 Unemployment Tax Payment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2024 | Payee name USPS | |
| Amount (\$) \$138.35 | Payee address; City; State; Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage |
| 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: 50/58 Rpt: 78/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 04/12/2024 | 5 Payee name USPS | |
| 6 Amount (\$) \$70.35 | 7 Payee address; City; State; Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2024 | Payee name Uber | |
| Amount (\$) \$23.34 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare for Legislative Meeting in Houston |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2024 | Payee name Uber | |
| Amount (\$) \$3.10 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare for Legislative Meeting in Houston |
| 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: 51/58 Rpt: 79/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/27/2024 | 5 Payee name Uber | |
| 6 Amount (\$) \$28.20 | 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare for Legislative Meeting in Houston |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/28/2024 | Payee name Uber | |
| Amount (\$) \$33.99 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare for Legislative Meeting in Houston |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/30/2024 | Payee name Uber | |
| Amount (\$) \$8.49 | Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare to Downtown Houston Event |
| 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: 52/58 Rpt: 80/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 01/30/2024 | 5 Payee name Uber | |
| 6 Amount (\$) \$13.78 | 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare to Downtown Houston Event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/09/2024 | Payee name Uber | |
| Amount (\$) \$6.55 | Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare while in McAllen for Legislative Meetings |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/10/2024 | Payee name Uber | |
| Amount (\$) \$15.92 | Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare while in McAllen for Legislative Meetings |
| 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: 53/58 Rpt: 81/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| 4 Date 05/13/2024 | 5 Payee name Uber |
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| 6 Amount (\$) \$8.99 | 7 Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare while in McAllen for Legislative Meetings |
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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 05/13/2024 | Payee name Uber |
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| Amount (\$) \$1.00 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 |
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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 Rideshare while in McAllen for Legislative Meetings |
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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 05/14/2024 | Payee name Uber |
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| Amount (\$) \$2.00 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 |
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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 Rideshare while in McAllen for Legislative Meetings |
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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: 54/58 Rpt: 82/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 05/27/2024 | 5 Payee name Uber | |
| 6 Amount (\$) \$15.50 | 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare for Meeting in Houston |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/28/2024 | Payee name Uber | |
| Amount (\$) \$13.28 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare for Meeting in Houston |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/06/2024 | Payee name Uber | |
| Amount (\$) \$1.00 | Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare while at TDP Convention |
| 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: 55/58 Rpt: 83/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| 4 Date 06/07/2024 | 5 Payee name Uber |
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| 6 Amount (\$) \$20.90 | 7 Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare while at TDP Convention |
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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 06/07/2024 | Payee name Uber |
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| Amount (\$) \$35.50 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 |
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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 Rideshare while at TDP Convention |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 06/08/2024 | Payee name Uber |
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| Amount (\$) \$5.32 | Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 |
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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 Rideshare while at TDP Convention |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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: 56/58 Rpt: 84/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Date 06/08/2024 | 5 Payee name Uber | |
| 6 Amount (\$) \$20.34 | 7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 | |
| 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 Rideshare while at TDP Convention |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/09/2024 | Payee name Uber | |
| Amount (\$) \$22.28 | Payee address; City; State; Zip Code 1455 Market St. #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 Rideshare while at TDP Convention |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/19/2024 | Payee name Uber | |
| Amount (\$) \$37.01 | Payee address; City; State; Zip Code 1455 Market St. #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 checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rideshare while at NALEO conference |
| 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: 57/58 Rpt: 85/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| 4 Date 06/20/2024 | 5 Payee name Uber |
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| 6 Amount (\$) \$34.85 | 7 Payee address; City; State; Zip Code 1455 Market St. #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 checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rideshare while at NALEO conference |
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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 04/13/2024 | Payee name United Airlines |
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| Amount (\$) \$484.81 | Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60606 |
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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 Travel for campaign event in McAllen |
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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 05/28/2024 | Payee name United Airlines |
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| Amount (\$) \$594.20 | Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60606 |
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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 Flights to and from the TDP Convention |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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: 58/58 Rpt: 86/87 | 2 FILER NAME Walle Jr., Armando L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062108 |
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| 4 Date 01/29/2024 | 5 Payee name Venton Jones Campaign |
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| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1075 Griffin St. West Dallas, TX 75215 |
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| 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 Donation to State House campaign |
|---------------------------------|---|--|

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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 05/06/2024 | Payee name Wayfair |
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| Amount (\$) \$482.76 | Payee address; City; State; Zip Code 4 Copley Place Boston, MA 02116 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Furniture for new district office |
|-------------------------------|---|---|

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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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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: Sch: 1/1 Rpt: 87/87 |
| 2 FILER NAME Walle Jr., Armando L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062108 |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC | | |
| 6 Dates of Travel 06/19/2024 06/19/2024 | 7 Name of person(s) traveling Walle, Armando | |
| | 8 Departure city or name of departure location Las Vegas | |
| | 9 Destination city or name of destination location Las Vegas | |
| 10 Means of transportation Private Automobile | 11 Purpose of travel (including name of conference, seminar, or other event) NALEO Conference | |
| Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC | | |
| Dates of Travel 06/20/2024 06/20/2024 | Name of person(s) traveling Walle, Armando | |
| | Departure city or name of departure location Las Vegas | |
| | Destination city or name of destination location Las Vegas | |
| Means of transportation Private Automobile | Purpose of travel (including name of conference, seminar, or other event) NALEO Conference | |