CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commis 00062108	ssion Filers)	2 Total pages file 8	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE L	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Armando L.			Date Received	
''''					ELECTRONICA	III V EII ED
					07/12/2024	CLITICLD
		LAST		SUFFIX	07/12/2024	
		Walle		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	4826 Hollybrook Ln.					_
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77039				Data Barrana	
🗀					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER		Rose M.				
NAME	IVIS.	NOSC WI.				
	NICKNAME	 LAST		CUETIV		
		Avalos		SUFFIX		
	′	Avaios				
C CAMBAICNI	CTREET ADDRESS (NO DO E	DOV DI EACE):	A D.7	TACHITE # CITY	CT.A	TE: 71D CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	SUX PLEASE);	API	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	2907 Travick Lane					
(Residence or Business)						
	Houston, TX 77073					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(281) 814-7941	- NOWBER E	JAT ENGIGIA			
PHONE	(201) 014 7041					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
				_	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year	T. I	IDOLICII	Month Day	Year	
OOVERED	01/01/2024	IH	IROUGH	06/30/202	4	
40 51 5071011	EL FOTION F : T	<u> </u>		EL FOTION TOTAL		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11/04/2024		rimary	Runoff	Other	
	11/04/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distric	ct 140 Harris		State Represent	ative District 140	
	!			1		
		GO T	O PAGE 2			
		GU 1	O FAGE 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 0006210		Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted o These expenditures may have b officeholders are required to re	een made without the candidate	s's or officeholder	's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш°	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBU			1,592.50
	\$	115,517.50			
EXPENDITURE TOTALS	\$	1,254.80			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	62,616.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAII RIOD	IED AS OF THE LAST DAY OF	* THE	219,056.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTAI TING PERIOD	IDING LOANS AS OF THE LAS	ST DAY \$	0.00
17 AFFIDAVIT		true and cor	firm, under penalty of perjury, tl ect and includes all information 5, Election Code.		
			The Honorable Armand	o I Walle Ir	
			Signature of Candidate of		
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to ce	ertify which, witness my hand an	seal of office.		
Signature of office	cer administering	Printed name of officer adı	ninistering Titl	e of officer admir	istering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SH	HEET PG 3 3 of 87
	ILER NA /alle Jr.	ME Armando L. (The Honorable)	19 Filer ID 00062108	(Ethics Con	nmission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	114,717.50
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	800.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		\$			
5.	X	\$	62,616.79		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	D. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1:	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/87		
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)	
4	Date 06/26/2024	5 Full name of contributor AECOM PAC6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$2,500.00	
		Washington, DC 20006						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Date 05/01/2024	Full name of contributor Acosta, Kathy Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code		•	Amount of Contribution (\$)	\$250.00	
	Principal occu	Houston, TX 77018 pation / Job title (See Instructions)		Employer (See Instructions	 			
	Executive Assistant			Jeffries	•			
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:) Agrawal, Durga Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$2,500.00	
		Houston, TX 77005						
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Piping Technology & Pr		ucts		
	Date 02/29/2024	Full name of contributor Aguirre Vasquez, Clarissa Contributor address; City; Sta Sugar Land, TX 77479			•	Amount of Contribution (\$)	\$500.00	
	Principal occu Case Manag	pation / Job title (See Instructions) er		Employer (See Instructions Weston Legal	5)			
	Date 02/20/2024	Full name of contributor Altria Group Contributor address; City; Sta Washington, DC 20001	x out-of-state PAC (ID#: C	00089136		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/87	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date 05/21/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78704				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/21/2024	Ancira Strategies Partners LLP				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/21/2024	Autry Public Affairs LLC Contributor address; City; State; Zip Code				\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/14/2024	Baylor Med				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/21/2024	Beer Alliance of Texas PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL C	CONTRIBUTIO)NS	.	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/87		
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)				3	Filer ID (Ethics Commiss 00062108	ion Filers)	
4	Date 02/01/2024	5 Full name of contributorBen E. Keith Company Te6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$1,500.00	
_	<u> </u>	Fort Worth, TX 76102	, 1	l <u>a -</u>	(0.1.1.1)				
8	Principal occu	pation / Job title (See Instructions)	9 E	mployer (See Instructions	5)			
	Date 05/20/2024	Full name of contributor Blackridge Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	<u>, </u>	F	mployer (See Instructions	;) 			
	i illicipai occu	pation / Job title (See Instructions)		imployer (See instructions	•)			
	Date 05/01/2024	Full name of contributor Blackwell, Eric Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$250.00	
	Principal occu	Houston, TX 77019 pation / Job title (See Instructions	, I		mployer (See Instructions	·/			
	Government)		IRG	•)			
	Date 04/12/2024	Full name of contributor Blanchard, Loren Contributor address; City; St Houston, TX 77006	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$250.00	
	Principal occu President	pation / Job title (See Instructions)	l	mployer (See Instructions Iniversity of Houston D		ntown		
	Date 05/02/2024	Full name of contributor Border Health PAC Contributor address; City; St McAllen, TX 78504	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10,000.00	
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions	5)			
				1					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 04/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)	Employer (See Instructions	()		
•	· ····oipai ooda		2	,		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Brotherhood of Locomotive Engineers & Trainme Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Decatur, TX 76234 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	·	, , ,		,		
	Date 03/20/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
		Houston, TX 77024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_Casas, Andrew Contributor address; City; State; Zip Code Houston, TX 77055			Amount of Contribution (\$)	\$250.00
	Principal occu Healthcare	pation / Job title (See Instructions)	Employer (See Instructions UT Health Science Cent		Houston	
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_ Castillo, Mario Contributor address; City; State; Zip Code Humble, TX 77396			Amount of Contribution (\$)	\$250.00
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions College	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/24 Rpt: 8/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 04/12/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Deignaiga I annu	Houston, TX 77210	O Frankright (Cook keetweetings)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ Cervantes, Esmeralda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77039 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	,		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Cobb Fendley PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#:_ Cole, Celia Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$50.00
	Principal occu Nonprofit Ex	pation / Job title (See Instructions)	Employer (See Instructions Feeding Texas)		
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#:_Cole, Celia Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$50.00
	Principal occu Nonprofit Ex	pation / Job title (See Instructions) ecutive	Employer (See Instructions) Feeding Texas)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 6/24 Rpt: 9/87	
2	FILER NAME Walle Jr., Ari	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	n Filers)
4	Date 03/18/2024	 Full name of contributor out-of-star Cole, Celia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
_	Nonprofit Ex			Feeding Texas	,		
	Date 04/18/2024	Cole, Celia)		Amount of Contribution (\$)	\$50.00
	Delevie de la com	Austin, TX 78756	1	Frankrick (On a known tie na			
	Principal occupation / Job title (See Instructions) Nonprofit Executive			Employer (See Instructions Feeding Texas	5)		
	Date 05/18/2024	Cole, Celia	te PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Dringing con	Austin, TX 78756		Employer (See Instructions	', 		
	Nonprofit Ex	pation / Job title (See Instructions) ecutive		Employer (See Instructions Feeding Texas	o)		
Date 06/18/2024		Full name of contributor out-of-star)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Nonprofit Ex	pation / Job title (See Instructions)		Employer (See Instructions Feeding Texas	<u> </u> s)		
	Date 03/22/2024	_	te PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> 6)		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/87	
2	FILER NAME Walle Jr., Ari	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 02/26/2024	 Full name of contributor out-of-state easton, John Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
0	Dringing agg	Spring, TX 77388	lo.	Employer (See Instructions	·/		
8		pation / Job title (See Instructions) Representative	9	Employer (See Instructions IBEW	•)		
	Date 04/24/2024	Full name of contributor out-of-state Garcia, Roland Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Attorney	,		Greenberg Traurig	,		
	Date 06/03/2024	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/10/2024	Gutierrez, Abel	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/04/2024	Full name of contributor out-of-state Gutierrez, Abel Contributor address; City; State; Zip Code Angleton, TX 77515	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			'				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 8/24 Rpt: 11/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 06/04/2024	5 Full name of contributor [Gutierrez, Abel6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Dringing! agg.	Angleton, TX 77515	I o	Employer (Coo Instructions	_		
8	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	·)		
	Date 01/05/2024	Full name of contributor [Gutierrez, Baldemar Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Alice, TX 78332 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Lawyer	pation / oob title (oce mandetions)		Self	')		
	Date 01/04/2024	Full name of contributor [Guttierez, Abel Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinstead	Angelton, TX 77515		Familia (Carabatan)	_		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 02/04/2024	Full name of contributor Guttierez, Abel Contributor address; City; Sta Angelton, TX 77515	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>;</u>)		
	Date 05/03/2024	Full name of contributor HOSPAC Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL (CONTRIBUTIO	N:	5		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 9/24 Rpt: 12/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)				3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 04/23/2024	5 Full name of contributor Haley, Anthony6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	2)	9	Employer (See Instructions			
•	Consultant	pation / Job title (See Instructions	"		HMWK	,		
	Date 03/14/2024	Full name of contributor Halff Associates PAC Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
		Richardson, TX 75081						
	Principal occu	pation / Job title (See Instructions	(3)		Employer (See Instructions)		
	Date 05/01/2024	Full name of contributor Hassenflu, Alan Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00
		Bellaire, TX 77401						
	Principal occu Owner	pation / Job title (See Instructions	5)		Employer (See Instructions Fidelis Realty Partners)		
	Date 01/27/2024	Full name of contributor Hattery, Kevin Contributor address; City; St Houston, TX 77005	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Executive	pation / Job title (See Instructions	s)		Employer (See Instructions Boys & Girls Clubs)		
	Date 04/14/2024	Full name of contributor Hattery, Kevin Contributor address; City; St Houston, TX 77005	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions Boys & Girls Clubs)		
			1		,			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	CHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/24 Rpt: 13/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 05/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Hillier, King Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Houston, TX 77096				
	Principal occu VP	pation / Job title (See Instructions)	Employer (See Instructions Harris Health System)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hitchcock, Jonna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77025				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 04/10/2024	Full name of contributor out-of-state PAC (ID#:_ Holcombe, Wayne Contributor address; City; State; Zip Code Cypress, TX 77433			Amount of Contribution (\$)	\$250.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions Gradient)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Houston ILA Dock and Marine Council PAC Contributor address; City; State; Zip Code Webster, TX 77598			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO		■ A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	Filers)
4	Date 01/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
Ω	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	Employer (See Instructions			
0	Principal occu	oalion7 Job title (See Instructions)	e Employer (See instructions)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Houston Police Officers' Union Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Houston, TX 77219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/13/2024	Full name of contributor x out-of-state PAC (ID#: CIBEW PAC Voluntary Fund Contributor address; City; State; Zip Code Washington, DC 20001	00027342)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Insurance Agents of Texas Contributor address; City; State; Zip Code Austin, TX 78768)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		· ·				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 05/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Dein sin al a sau	Dallas, TX 75201	D. Frankrick (Construction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_ Janak, Larry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77094 pation / Job title (See Instructions)	Employer (See Instructions)		
	CEO	pation / Coo tale (eee metadatoris)	IDCUS	,		
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_ Kalaga, Sharat Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Sugar Land, TX 77479				
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions Civitas)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Keffer Konsulting LLC Contributor address; City; State; Zip Code Eastland, TX 76448			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_Khan, Shapnik Contributor address; City; State; Zip Code Houston, TX 77242			Amount of Contribution (\$)	\$500.00
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Civitas)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 16/87			
2	FILER NAME Walle Jr., Arı	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	n Filers)		
4	Date 03/26/2024	 Full name of contributor out-of-sta			7	Amount of Contribution (\$)	\$250.00		
8	Principal occu Not Employe	Houston, TX 77084 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)				
	Date 03/19/2024	Full name of contributor out-of-sta				Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Date 01/09/2024	LAW - PAC	ate PAC (ID#:)		Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	5)				
	· · ·	·							
	Date 05/21/2024	LAW - PAC)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 04/30/2024	Lanagan, Lindsay)		Amount of Contribution (\$)	\$500.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)				

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/87	
2	FILER NAME Walle Jr., Ari	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 05/01/2024	5 Full name of contributor	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deireitaal	Spring, TX 77389	- Io	Faradaya (Caraba ta struction			
8	VP	pation / Job title (See Instructions)	9	Employer (See Instructions RODS)		
	Date 03/11/2024	Full name of contributor Lennard, Lee Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$500.00
		Katy, TX 77450 pation / Job title (See Instructions)		Employer (See Instructions)		
	CEO			BGE			
	Date 04/19/2024	Full name of contributor [Marquez, Roy Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77008					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Alma Latina)		
	Date 03/12/2024	Full name of contributor Miller, Jack Contributor address; City; Stat Houston, TX 77077	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 04/02/2024	Full name of contributor Miller, Robert Contributor address; City; Stat Dallas, TX 75201	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Locke Lord LLP)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/24 Rpt: 18/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (ID#:_Mindiola, Tatcho 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$300.00
_	Dringing Local	Houston, TX 77004	O Employer (See Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed)		
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 Ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_ Molina, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Humble, TX 77396				
	Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Lone Star College)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Monty, Jacob Contributor address; City; State; Zip Code Houston, TX 77076			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions M&R)		
	Date 05/16/2024	Full name of contributor X out-of-state PAC (ID#: NRG Energy PAC Contributor address; City; State; Zip Code Princeton, NJ 08540	C00366559)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/87		
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)	
4	Date 03/13/2024	5 Full name of contributor Pape-Dawson Engineers6 Contributor address; City; St			7	Amount of Contribution (\$)	\$500.00	
		San Antonio, TX 78213						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/19/2024	Full name of contributor Parsons Corporation PAC Contributor address; City; St		00103549		Amount of Contribution (\$)	\$500.00	
	Principal occu	Pasadena, CA 91124 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
			,					
	Date 04/23/2024	Full name of contributor Perdue, Jim Mac Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Deinsinal assu	Houston, TX 77056	`	Franks var (Caa krativ ations	<u></u>			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Perdue & Kidd	»)			
	Date 05/21/2024	Full name of contributor Philips Uresti Meachum P Contributor address; City; St Austin, TX 78711				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 05/01/2024	Full name of contributor Pitts, John Contributor address; City; St Houston, TX 77019	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Kirkland & Ellis	5)			
			'					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/24 Rpt: 20/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 05/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Plumbers Local Union No. 68 PAC Fund 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	Daine in all account	Houston, TX 77249	10 Familiary (0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID#:_ Plumbers Local Union No. 68 PAC Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77249 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Porsa, Esmaeil Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77096				
	CEO	pation / Job title (See Instructions)	Employer (See Instructions Harris Health System)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ Rash, Jeannette Contributor address; City; State; Zip Code Houston, TX 77020			Amount of Contribution (\$)	\$125.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Milam St. Auto)		
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_ Reyes, Gregg Contributor address; City; State; Zip Code Houston, TX 77024			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions ReyTec Construction Se		ces	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains how t	to complete this forn	n.	1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/87		
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)	
4	Date 04/23/2024	5 Full name of contributor Rios, Daniel 6 Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)	9	Employer (See Instructions)			
	President			RRP Consulting				
	Date 02/22/2024	Full name of contributor Schatte, Andrew Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		Houston, TX 77005	1					
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Stonehenge Holdings)			
	Date 05/23/2024	Full name of contributor Schulgen, Seth Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Fulshear, TX 77441						
	Principal occu VP	pation / Job title (See Instructions)		Employer (See Instructions Williams Brothers Const		ction		
	Date 04/16/2024	Full name of contributor Service Corporation Interna Contributor address; City; Stat Houston, TX 77219				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 04/10/2024	Full name of contributor Solomon, Christopher Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions SAM)			
			,					

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 19/24 Rpt: 22/87		
2	FILER NAME Walle Jr., Ari	mando L. (The Honorable)				3	Filer ID (Ethics Commission 00062108	on Filers)	
4	Date 02/01/2024	5 Full name of contributor Sorola-Pohlman, Lenora6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00	
		Houston, TX 77008							
8	Principal occu Owner	pation / Job title (See Instructions	s)		Employer (See Instructions Sorola Consulting Serving Se		;		
	Date 04/01/2024	Full name of contributor Sorola-Pohlman, Lenora Contributor address; City; Si Houston, TX 77008		••••			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	<u> </u> ;)			
	Owner				Sorola Consulting Servi	ces	i		
	Date 02/14/2024	Full name of contributor Strong, Patti Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00	
		Houston, TX 77056							
	Principal occu Political fund	pation / Job title (See Instructions Iraiser	3)		Employer (See Instructions Strong Strategies, LLC	5)			
	Date 04/29/2024	Full name of contributor TSA PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)			
	Date 03/15/2024	Full name of contributor Tamez, Adriana Contributor address; City; S Houston, TX 77019	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00	
	Principal occu CEO	pation / Job title (See Instructions	(3)		Employer (See Instructions Tejano Center	5)			
			•						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 02/24/2024	5 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78741				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Homecare & Hospice PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	- Timoipai occa	pation 7 oob title (oce monucions)	Employer (See Instructions	')		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					E A1
	The Instru	ction Guide explains how to cor	mplete this form	1.	1	Total pages Schedule A1: Sch: 21/24 Rpt: 24/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 05/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	5	Houston, TX 77062	- la				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 05/10/2024	Texas Rural Water PAC Contributor address; City; State; Zip C	of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-o Texas Sands PAC Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$4,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/23/2024	Full name of contributor out-o Texas Surplus Lines Association I Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/20/2024	Full name of contributor out-o Texas Trial Lawyers Association Contributor address; City; State; Zip C	of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 22/24 Rpt: 25/87	
2	FILER NAME Walle Jr., Ar	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 05/21/2024	5 Full name of contributor out-of-state PAC (I Texas Trial Lawyers Association 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) O3/10/2024 Thurber, William Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00
	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions)		Employer (See Instructions			
	Engineer	pation / Job title (See instructions)		Jacobs Engineering Gro			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77055					
	Principal occu Healthcare	pation / Job title (See Instructions)		Employer (See Instructions Spring Branch CHC)		
	Date Full name of contributor					Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date O4/01/2024 Full name of contributor out-of-state PAC (ID#:) University of Houston PAC Contributor address; City; State; Zip Code Houston, TX 77046					Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/87	
2	FILER NAME Walle Jr., Ari	mando L. (The Honorable)			3	Filer ID (Ethics Commission 00062108	n Filers)
4	Date 05/21/2024	Valdez, Jerry	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
•	Dringing aggu	Austin, TX 78711	lo.	Employer (See Instructions			
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Self	·)		
	Date 01/31/2024				Amount of Contribution (\$)	\$250.00	
		Dallas, TX 75219					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/07/2024				Amount of Contribution (\$)	\$500.00	
		Wellington, FL 33414					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions WGI	5)		
	Date 04/10/2024	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$500.00
	Principal occu Healthcare	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann	<u> </u>		
	Date 04/25/2024					Amount of Contribution (\$)	\$500.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Whitmire & Munoz	5)			
	-		I				

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/24 Rpt: 27/87
2 FILER NAME Walle Jr., Ar	mando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108
4 Date 05/21/2024	Full name of contributor		7 Amount of Contribution (\$) \$1,500.00
	Austin, TX 78701		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wilson Jr., Welcome Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$500.00	
	Houston, TX 77057		
Principal occu Real Estate	ipation / Job title (See Instructions) Executive	Employer (See Instructions Welcome Group LLC	5)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 28/87
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rmando L. (The Honorable)		00062108
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 05/21/2024	 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$)	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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 contribute	or'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 out-of-state PAC (ID#: David Earl & Associates Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$175.00 Austin club room charge for fundraiser
	San Antonio, TX 78240		I I Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / 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 contribute	or'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 out-of-state PAC (ID#: Legislative Solutions Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$275.00 Event coordination fee for fundraiser
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / 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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Prin Sala	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:						ı	Filer ID	(Ethics Commission Filers)
	Sch: 1/58 Rpt: 29/87	Walle Jr.,	Armando L. (The Ho	norable)			(00062108	
4	Date	5 Payee nar	ne						
	02/20/2024	1-800-Flo	owers						
6	Amount (\$)	7 Payee add	Iress; City;	State; Zip	p Code				
	\$106.06	Two Jerio	cho Plaza						
		Floor Two)						
		Jericho, N	NY 11753						
8	PURPOSE	(a) Category	(See Categories listed at the to	n of this schodulo)	(b)	Description			
	OF EXPENDITURE		ds/Memorials Expens		, I, ,		outside	e of Texas. Comp	plete Schedule T.
	EXPENDITURE		·			_		officeholder living	
						Memorial flov	wers	for funeral	service
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office	e sought			Office he	eld
	Date	Payee nar	ne						
	01/07/2024	ActBlue							
	Amount (\$)	Payee add	lress; City;	State; Zip	p Code				
	\$3.95	P.O. Box	441146						
		Somervill	e, MA 02144						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE		n/Fundraising Expen			Check if travel	outside	e of Texas. Com	plete Schedule T.
	EM EMPHONE					ш.		fficeholder living	expense
						ActBlue Fees	5		
_	Complete ONII V if allows:	Condid-t-1	Office holder record	Ott:	2 00:1-1-1			Office I	.ld
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office	e sought			Office he	eiu
L									
	Date	Payee nar	ne						
	01/14/2024	ActBlue							
	Amount (\$)	Payee add		State; Zip	p Code				
	\$0.60	P.O. Box	441146						
		Somervill	e, MA 02144						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)) (b)	Description			
	OF EXPENDITURE		n/Fundraising Expen						plete Schedule T.
						Check if Austin ActBlue Fees		officeholder living	expense
						ACIDIUE FEES	,		
	Complete ONLY if direct	Candidata	Officeholder name	Office	e sought			Office he	ald.
	expenditure to benefit C/O		Ancenoluei Haitie	OHICE	sougnt			Office ne	au

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/58 Rpt: 30/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	01/21/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.96	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense ActBlue Fees
		Actibide Fees
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.64	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue Fees
		/ lotiblide i des
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/04/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.85	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		ActBlue Fees
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: 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	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fees	
9	Complete ONLY if direct expenditure to benefit C/Ol	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fees	
	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
⊢	T.1 C. 11 =:	
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	5 Payee name
•	03/10/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.72	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		ActBlue Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/17/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$11.47	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	ł
H	Date	Dayae name
	03/24/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.58	P.O. Box 441146
		Somerville, MA 02144
<u> </u>	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		pens ages	se s/Contract Labor		Travel Out of Dis OTHER (enter a		:)
1	Total pages Schedule F1:	12	FILER NAM						3	Filer ID	(Ethics Commission	Eilore)
_	Sch: 5/58 Rpt: 33/87	_		Armando L. (The	Honorable	!)			3	00062108	(Ethics Commission	1 11013)
4	Date	5	Payee name					<u>'</u>				
	03/31/2024		ActBlue									
6	Amount (\$)	7	Payee addre	ess; City;	State	e; Zip Coo	de					
	\$9.88		P.O. Box 4	41146								
			Somerville	, MA 02144								
8	PURPOSE	(a)	Category (S	See Categories listed at th	ne top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Solicitation	/Fundraising Exp	ense						plete Schedule T.	
								ActBlue Fees		officeholder living	g expense	
								Actibide i ees				
_	Complete ONLY if direct	<u> </u>	Candidata/Of	ficeholder name		Office sour	aht			Office h	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Oi	ficeholder name		Office sou	Jπι			Office he	eia	
	Date		Payee name)								
	04/07/2024		ActBlue									
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Coo	de					
	\$92.83		P.O. Box 4	41146								
			Somerville	, MA 02144								
	PURPOSE	(a)	Category (5	See Categories listed at th	ne top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Solicitation	/Fundraising Exp	ense						plete Schedule T.	
								ActBlue Fees		officeholder living	g expense	
								Acibiue Fees				
	Computate ONII V if diseast	<u> </u>	Condidate/Of			Office cour				Office le	_ _	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Oi	ficeholder name	(Office souç	Jπι			Office h	eia	
	Date		Payee name	<u> </u>								
	04/14/2024		ActBlue	•								
				Oct. City:	Ctoto	e; Zip Coo	40					
	Amount (\$) \$53.34		Payee addre		Siale	-, Δι μ C00	ue					
	φυσ.54		1 .O. DUX 4	71140								
			Camanilla	NAA 021 44								
			Somerville	, MA 02144								
	PURPOSE OF	(a)		See Categories listed at th		hedule)	(b)	Description	, -			
	EXPENDITURE		Solicitation	/Fundraising Exp	ense					de of Texas. Com officeholder living	plete Schedule T.	
								ActBlue Fees		omocnoluer living	у сиропас	
	Complete ONLY if direct	Щ	Candidate/Of	ficeholder name		Office sou	thr			Office he	eld.	
	expenditure to benefit C/OI		cai ididate/OI	noonolaci Hame	`	Cince Sout	9111			Cilice III		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		/ages	s/Contract Labor		Fravel Out of Dis OTHER (enter a	trict category not listed above)	
<u> </u>	T.1 6111=	_	·		թ.				/Filiting 0	21 >
1	1 0	ı				3		iler ID	(Ethics Commission F	iiers)
	Sch: 6/58 Rpt: 34/87		Walle Jr., Armando L. (The Honorab	ole)			(00062108		
4	Date	5	Payee name							
	04/21/2024		ActBlue							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	de					
	\$63.21		P.O. Box 441146							
			Somerville, MA 02144							
8	PURPOSE	\vdash	Category (See Categories listed at the top of this	aabadula)	(b)	Description				
	OF		Solicitation/Fundraising Expense	scriedule)	(-,	Check if travel ou	utside	of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Condition in analysing Expense			Check if Austin, T	TX, o	fficeholder living	expense	
						ActBlue Fees				
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	04/28/2024		ActBlue							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	de					
	\$257.35		P.O. Box 441146							
			Somerville, MA 02144							
-	PURPOSE	├	Category (See Categories listed at the top of this	oobodul-\	(b)	Description				
	OF		Solicitation/Fundraising Expense	scriedule)	\~ <i>)</i>	Check if travel ou	utside	of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Conditation of antiqualing Expense			Check if Austin, T				
						ActBlue Fees				
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	05/05/2024		ActBlue							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	de					
	\$166.92		P.O. Box 441146	•						
	,,									
			Somerville, MA 02144							
_	PURPOSE	l		<u> </u>	(h)	Description				
	OF		Category (See Categories listed at the top of this	schedule)	(n)	Description Check if travel ou	utside	of Texas. Comr	olete Schedule T.	
	EXPENDITURE		Solicitation/Fundraising Expense			Check if Austin, T				
						ActBlue Fees				
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above	e)
L			The Instruction Guide ex	.piains now to co	шріє					
1		l				;		Filer ID	(Ethics Commission	Filers)
	Sch: 7/58 Rpt: 35/87	<u> </u>	Walle Jr., Armando L. (The Hond	orable)				00062108		
4	Date	5 F	Payee name							
	05/19/2024	/	ActBlue							
6	Amount (\$)	7	Payee address; City;	State; Zip Co	de					
	\$1.98		P.O. Box 441146							
		, ا	Somerville, MA 02144							
_	DUDDOCE	├			/h\	Barat d				
8	PURPOSE OF		Category (See Categories listed at the top o		(D)	Description	utoic	to of Toyon Com	aloto Cobodulo T	
	EXPENDITURE		Solicitation/Fundraising Expense					de of Texas. Comp officeholder living		
						ActBlue Fees	,	g		
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	aht			Office he	Ald	
	expenditure to benefit C/O		andidate/Onicendidel Haille	Onice Sou	grit			Onice He	iu	
L		_								
	Date	l	Payee name							
L	05/26/2024	/	ActBlue							
	Amount (\$)	F	Payee address; City;	State; Zip Co	de					
	\$20.15		P.O. Box 441146							
		9	Somerville, MA 02144							
_	PURPOSE	_			(h)	Description				
	OF		Category (See Categories listed at the top o		(5)		utsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE	`	Solicitation/Fundraising Expense			=		officeholder living		
						ActBlue Fees				
\vdash	Complete ONLY if direct	C	andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O				-					
H	Date	Π,	Payaa nama							
	06/09/2024	l	Payee name ActBlue							
		_								
	Amount (\$)	l	Payee address; City;	State; Zip Co	de					
	\$3.95		P.O. Box 441146							
			Somerville, MA 02144							
	PURPOSE	(a) (Category (See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE		Solicitation/Fundraising Expense					de of Texas. Comp		
	EXI ENDITORE					—	TX,	officeholder living	expense	
						ActBlue Fees				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght			Office he	eld	
	CAPETIGITUTE TO DETICITE C/OF									

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•		ages	/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
	,		The Instruction Guide explains h	now to cor	nple			
1	, ,	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 8/58 Rpt: 36/87		Walle Jr., Armando L. (The Honorable)				00062108	
4	Date	5	Payee name					
L	06/23/2024		ActBlue					
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de			
	\$2.38		P.O. Box 441146					
			Somerville, MA 02144					
8	PURPOSE	(2)		1	(h)	Description		
ľ	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(D)		side of Texas. Comp	nlete Schedule T
	EXPENDITURE		Solicitation/Fundraising Expense			=	K, officeholder living	
						ActBlue Fees	3	•
9	Complete ONLY if direct		Candidate/Officeholder name O	Office sough	tht		Office he	ld
	expenditure to benefit C/O		Communication of the state of t		٠٠		211100 110	·
H	Date	Г	Payeo namo					
			Payee name					
	01/15/2024	<u> </u>	Adobe					
	Amount (\$)			Zip Co	de			
	\$22.72		151 S Almaden Blvd.					
			San Jose, CA 95113					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Software			—	side of Texas. Comp	
						ш	K, officeholder living	
						Design software	e subscription	I
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office souç	ght		Office he	ld
	onpolicitate to beliefit 6/01	_						
	Date		Payee name					
L	02/13/2024		Adobe					
	Amount (\$)		Payee address; City; State;	Zip Cod	de			
	\$22.72		151 S Almaden Blvd.					
			San Jose, CA 95113					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Software	´		Check if travel outs	side of Texas. Comp	
	EXPENDITURE						K, officeholder living	·
						Design software	e subscription	1
L		L						
	Complete ONLY if direct		Candidate/Officeholder name O	office souç	ght		Office he	ld
	expenditure to benefit C/OI	Н						

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service			Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed al	oove)
		_		tion Guide explain	ns now to co	шріє	ete triis form.	_			
1		ı						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 9/58 Rpt: 37/87	⊢	Walle Jr., Armando L	. (The Honorab	le)				00062108		
4	Date	5	Payee name								
L	03/13/2024	L	Adobe								
6	Amount (\$)	7	Payee address; City	/; Sta	ite; Zip Co	ode	<u> </u>				
	\$22.72		151 S Almaden Blvd.								
			San Jose, CA 95113								
8	PURPOSE	(a)	Category (See Categories	isted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Software						de of Texas. Com		
							—		officeholder living		
							Design softwa	are	subscription	1	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder n	ame	Office sou	ght			Office he	eld	
	experiorure to beriefit C/Of	Π									
	Date		Payee name								
	04/13/2024		Adobe								
	Amount (\$)		Payee address; City	r; Sta	ite; Zip Co	ode					
	\$22.72		151 S Almaden Blvd.								
			San Jose, CA 95113								
	PURPOSE	(a)	Category (See Categories	isted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Software				ш		de of Texas. Com		
							Design softwa		officeholder living		
							Design SulfWi	aie	อนมอบานุแป	ı	
<u> </u>	Complete ONLY if direct	Ļ	Condidate/Office halder :-	2000	Office	ab+			O#: !	old.	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder n	ame	Office sou	ynt			Office he	au	
L	Data	1									
	Date		Payee name								
	05/13/2024	⊢	Adobe								
	Amount (\$)		Payee address; City	r; Sta	ite; Zip Co	de					
	\$22.72		151 S Almaden Blvd.								
			San Jose, CA 95113								
	PURPOSE	(a)	Category (See Categories	isted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Software				ш		de of Texas. Com		
	LA LIBITORE						ш		officeholder living		
							Design softwa	are	subscription	1	
	Complete ONLY if alice at	Ļ	Condidate/Office halder	2000	Office	ab+			Office I-	ald.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame	Office sou	ignt			Office he	au	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/58 Rpt: 38/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	06/13/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.72	151 S Almaden Blvd.
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Design software subscription
		Design soltware subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	04/15/2024	Aldine High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.00	11101 Airline Drive
		Houston, TX 77037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		District High School Donation
	Operation ONLY if allowed	Our did to 10 ff as had done as many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2024	Aloft
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.12	109 E 7th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for constituents after Capitol tour
	Complete ONLY if alice of	Candidate/Officeholder name Office accept
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Car	a Payment	The Instruction Guide	e explains how to compl	ete this form.		
1 Total pag	es Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 11/	58 Rpt: 39/87	Walle Jr., Armando L. (The Ho	onorable)		00062108	
4 Date		5 Payee name		<u>'</u>		
01/30/20	024	Amare, Tsion				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
	\$300.00	3710 Tranquility Lane				
		#10105				
		Rowlett, TX 75089				
8 PURF		(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
O EXPENI		Consulting Expense		Check if travel outs		
				Check if Austin, TX Website rebuild		g expense
					g contract	
9 Complete	ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	ure to benefit C/O		3			
Date		Payee name				
03/29/20	024	Amare, Tsion				
Amount ((\$)	Payee address; City;	State: Zip Code			
(\$600.00	3710 Tranquility Lane				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#10105				
		Rowlett, TX 75089				
PURF	2005		(b)	December 1		
0		(a) Category (See Categories listed at the to Consulting Expense	op of this schedule)	Description Check if travel outs	side of Texas. Com	plete Schedule T.
EXPENI	DITURE	Consulting Expense		Check if Austin, TX		
				Website rebuild	ing contract	
	ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
ехрепиш	ure to benefit C/O	п				
Date		Payee name				
01/10/20	024	Amazon				
Amount (\$)	Payee address; City;	State; Zip Code			
	\$59.65	410 Terry Ave N				
		Seattle, WA 98109				
PURF	POSE	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
O EXPENI	F NITURE	Supplies	,	Check if travel outs	side of Texas. Com	plete Schedule T.
LXI LIVI	BITORE			Check if Austin, TX	I, officeholder living	g expense
				Office supplies		
Complete	ONII V if direct	Candidate/Officeholder name	Office courte		Office he	7ld
	e <u>ONLY</u> if direct ure to benefit C/O		Office sought		Onice ne	ziu -

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/58 Rpt: 40/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/16/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$173.19	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Furniture and supplies for new district office
		Turniture and Supplies for New district office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	02/16/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.19	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Furniture and supplies for new district office
		Furniture and supplies for new district office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	02/16/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.45	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Furniture and supplies for new district office
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
Sch: 13/58 Rpt: 41/87 Walle Jr., Armando L. (The Honorable) 00062108	
4 Date 5 Payee name	
02/16/2024 Amazon	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$184.01 410 Terry Ave N	
Seattle, WA 98109	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Compliant Complete Schedule Topics if travel outside of Taxas Complete Schedule Topics in the complete Schedule	
Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Furniture and supplies for new district off	ice
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/20/2024 Amazon	
Amount (\$) Payee address; City; State; Zip Code	
\$194.84 410 Terry Ave N	
Seattle, WA 98109	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toxas Complete Schedule Toxas Co	
EXPENDITURE Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Furniture and supplies for new district off	ice
Turmitare and supplies for new district offi	100
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/20/2024 Amazon	
Amount (\$) Payee address; City; State; Zip Code	
\$723.92 410 Terry Ave N	
TECTORY AND THE TECTORY AND THE TECTOR AND THE TECT	
Seattle, WA 98109	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Supplies Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Furniture and supplies for new district offi	ioo
Furniture and supplies for new district only	ice
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

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

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

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

	Credit Card Payment	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Furniture and supplies for new district office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Furniture and supplies for new district office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Furniture and supplies for new district office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 15/58 Rpt: 43/87	Walle Jr., Armando L. (The Honorable)	00062108
4	Date	5 Payee name	•
	03/06/2024	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	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	03/06/2024	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	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies for District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Г	Date	Payee name	
l	04/17/2024	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	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	,
	Sch: 16/58 Rpt: 44/87	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	
	04/18/2024	Amazon	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.69	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Office supplies for Capitol Office	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to benefit 6/01		
	Date	Payee name	
	06/29/2024	Amy Hinojosa Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1315 Diamante Dr.	
		Pasadena, TX 77504	
	PURPOSE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation to HDOE Trustee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
	Date	Payes name	
	06/29/2024	Payee name Amy Hinojosa Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1315 Diamante Dr.	
		Pasadena, TX 77504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	2/11/2/10/12	Candidate/Officeholder/Political Committee	
		Donation to HDOE Trustee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorale to belieff C/OI		

SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Beve
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Sen

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/58 Rpt: 45/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/21/2024	Bakerripley
6	Amount (\$) \$420.00	7 Payee address; City; State; Zip Code 4450 Harrisburg Blvd. #200 Houston, TX 77011
Ļ	DUDDOCE	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cost of funeral reception in district
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2024	Bakerripley
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4450 Harrisburg Blvd. #200 Houston, TX 77011
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cost of funeral reception in district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2024	Blue Roots Strategies
	Amount (\$) \$127.79	Payee address; City; State; Zip Code P.O. Box 300053
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website domain annual fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/58 Rpt: 46/87	Walle Jr., Armando L. (The Honorable) 00062108
4 Date	5 Payee name
05/02/2024	Brennan's
6 Amount (\$) \$4,191.72	7 Payee address; City; State; Zip Code 3300 Smith St. Houston, TX 77006
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event space rental, plus food & beverage for Spring Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2024	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 Check if travel outside of Texas. Complete Schedule T. 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software subscription
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		Filers)
	Sch: 19/58 Rpt: 47/87	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	
L	02/24/2024	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.00	200 E 6th St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.	
	LA LIBITORE	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	
	experientale to belieff C/Of		
	Date	Payee name	
	03/24/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.00	200 E 6th St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Graphic design software subscription	
		Graphic design software subscription	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	U	
-	Date	Payee name	
	04/24/2024	Canva	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.00	200 E 6th St.	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Graphic design software subscription	
		Graphic design software subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel in Travel Ou Contract Labor OTHER (

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 20/58 Rpt: 48/87	Walle Jr., Armando L. (The Honorable) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software subscription
	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILED NAM		<u> </u>		1	2	Filer ID	(Ethics Commission	Filers)
-	Sch: 21/58 Rpt: 49/87		L Armando L. (The Ho	onorable)			3	00062108	(Earlos Commission)	i licio)
4	Date	5 Payee name	2							
	05/29/2024		tan Las Vegas							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$419.51	3708 Las \	/egas Blvd. S							
		Las Vegas	, NV 89109							
8	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			ш		de of Texas. Com officeholder living	plete Schedule T.	
						Hotel stay du				
						Tioter stay du		y IVALLO CO	incrence	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Davis a name								
	06/18/2024	Payee name								
		•	tan Las Vegas							
	Amount (\$)	Payee addre		State; Zip C	code					
	\$736.90	3708 Las \	/egas Blvd. S							
		Las Vegas	, NV 89109							
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					_		officeholder living		
						Hotel stay du	rinç	g NALEO co	nference	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office he	eld	
	experiorarie to benefit C/Or	1								
	Date	Payee name	9							
	06/18/2024	Cosmopoli	tan Las Vegas							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$78.03	3708 Las \	/egas Blvd. S	, ,						
	7.5.55									
		Las Vegas	, NV 89109							
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF	Travel Out		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					_		officeholder living		
						Fees during h	ote	el stay for N	ALEO conference	
	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	-								
	<u>-</u>									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
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	5 Payee name
	06/19/2024	Cosmopolitan Las Vegas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.03	3708 Las Vegas Blvd. S
		Las Vegas, NV 89109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fees during hotel stay for NALEO conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/01/2024	Cubesmart
	Amount (\$)	
	\$231.00	5 Old Lancaster Rd.
		Malvern, PA 19355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Storage Fee Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage facility rental
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/01/2024	Cubesmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.00	5 Old Lancaster Rd.
		Malvern, PA 19355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Storage Fee Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage facility rental
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/58 Rpt: 51/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/01/2024	Cubesmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$231.00	5 Old Lancaster Rd.
		Malvern, PA 19355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Storage Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage facility rental
		Storage radiity remai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L	Data	
	Date	Payee name
	04/01/2024	Cubesmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.00	5 Old Lancaster Rd.
		Malvern, PA 19355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Storage Fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Storage facility rental
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	02/01/2024	Curatola, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,356.92	2018 W. Rundberg Ln.
		Apt. 10D
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	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
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: Sch: 24/58 Rpt: 52/87 Walle Jr., Armando L. (The Honorable) 5 Payee name Curatola, Jacqueline 6 Amount (\$) \$923.50 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 Check if Austin, TX, officeholder living expense Staff Salary		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Sch: 24/58 Rpt: 52/87 Walle Jr., Armando L. (The Honorable) 00062108			
Curatola, Jacqueline 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 his schedule) 9 Complete QNLY if direct expenditure to benefit C/OH Austin, TX 78758 PURPOSE OJA 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of his schedule) Curatola, Jacqueline Amount (3) 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 his schedule) Salaries/Wages/Contract Labor (b) Description (check if areal outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Check if a forect outside of Texas. Complete Schedule T. Category (see Categories listed at the top of this schedule) Amount (3) 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 (c) Description (b) Description (c) Description (c) Check if traven dusted of Texas. Complete Schedule T. Check if traven dusted of Texas. Complete Schedule T. Check if traven dusted of Texas. Complete Schedule T. Check if traven dusted of Texas. Complete Schedule T. Check if traven dusted of Texas. Complete Schedule T. Check if traven outside of Texas. Complete Schedule T. Check if traven outside of Texas. Complete Schedule T. Check if traven outside of Texas. Complete Schedule T. Check if trav	1		
Curatola, Jacqueline 7 Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 8 PURPOSE OF EXPENDITURE (a) Calegory (see Calegores listed at the top of this schedule) 9 Complete QNLY if direct expenditure to benefit C/OH Austin, TX 78758 PURPOSE 03/30/2024 Curatola, Jacqueline Curatola, Jacqueline Amount (\$) Payee address; City; State; Zip Code 39/30/2024 Curatola, Jacqueline Amount (\$) Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE (a) Category (see Categores listed at the top of this schoolule) Salaries/Wages/Contract Labor (b) Description (check if based quasified of Texas. Complete Schedule T. Check if seed q	4	Date	5 Pavee name
\$923.50 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 Candidate/Officeholder name Office sought Office held Payee name 03/30/2024 Curatola, Jacqueline Amount (\$) Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Date OF EXPENDITURE (b) Description Office held			
Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE	6	Amount (\$)	7 Payee address; City; State; Zip Code
Austin, TX 78758 PURPOSE OF EXPENDITURE		\$923.50	2018 W. Rundberg Ln.
Complete ONLY if direct expenditure to benefit C/OH			Apt. 10D
Check if Austin, TX, officeholder Invine Candidate/Officeholder name			Austin, TX 78758
Check if Austin, TX, officeholder Invine Candidate/Officeholder name	8	PURPOSE	(a) Category (co. Consider Food as the constitution to the constitution of the constit
Complete QNLY if direct expenditure to benefit C/OH		OF	l
Date Payee name Office sought Office held		EXPENDITURE	Calaries/Wages/Contract Eason
Date O3/30/2024 Curatola, Jacqueline Amount (\$) Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE Candidate/Officeholder name O5/01/2024 Curatola, Jacqueline (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date Osage name O5/01/2024 Curatola, Jacqueline Amount (\$) 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) See Categories listed at the top of this schedule) Date Osage name O5/01/2024 Curatola, Jacqueline Amount (\$) Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 PURPOSE OF Salaries/Wages/Contract Labor (b) Description Ocheck if Austin, TX, officeholder liking expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Staff Salary
Date O3/30/2024 Curatola, Jacqueline Amount (\$) Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE Candidate/Officeholder name O5/01/2024 Curatola, Jacqueline (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date Osage name O5/01/2024 Curatola, Jacqueline Amount (\$) 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) See Categories listed at the top of this schedule) Date Osage name O5/01/2024 Curatola, Jacqueline Amount (\$) Payee address; City; State; Zip Code 2018 W. Rundberg Ln. Apt. 10D Austin, TX 78758 PURPOSE OF Salaries/Wages/Contract Labor (b) Description Ocheck if Austin, TX, officeholder liking expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Amount (\$)	9		
Amount (\$)		Date	Payee name
\$923.50 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 Complete QNLY if direct expenditure to benefit C/OH Date 05/01/2024 Amount (\$) Payee name Curatola, Jacqueline Amount (\$) 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 Check if ravel outside of Texas. Complete Schedule T. Check if Jack (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Iravel outside of Texas. Complete Schedule T. Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ining expense Staff Salary Complete QNLY if direct Candidate/Officeholder name Office sought Office held		03/30/2024	Curatola, Jacqueline
\$923.50 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 Complete QNLY if direct expenditure to benefit C/OH Date 05/01/2024 Amount (\$) Payee name Curatola, Jacqueline Amount (\$) 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 Check if ravel outside of Texas. Complete Schedule T. Check if Jack (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Iravel outside of Texas. Complete Schedule T. Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ining expense Staff Salary Complete QNLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 05/01/2024 Amount (\$) Payee name Curatola, Jacqueline Amount (\$) 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 Check if Austin, TX, officeholder inving expense (b) Description (c) Description (d) Description Check if Austin, TX, officeholder inving expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		` '	
Austin, TX 78758 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete QNLY if direct expenditure to benefit C/OH Date OS/01/2024 Amount (\$) Payee name Curatola, Jacqueline Amount (\$) 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 (c) Description (d) Description (d) Description Check if Austin, TX, officeholder Iving expense Staff Salary Complete QNLY if direct Candidate/Officeholder name Office sought Office held			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date O5/01/2024 Amount (\$) Payee address; City; State; Zip Code \$923.50 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Salary Office held Office held Office held Date O5/01/2024 Curatola, Jacqueline Amount (\$) 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 Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date O5/01/2024 Amount (\$) Payee address; City; State; Zip Code \$923.50 Apt. 10D Austin, TX 78758 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held Check if ravel outside of Texas. Complete Schedule T. Office held			
Complete ONLY if direct expenditure to benefit C/OH			
Complete ONLY if direct expenditure to benefit C/OH Date			Salaries/Wages/Contract Eabor
Complete ONLY if direct expenditure to benefit C/OH Date 05/01/2024 Amount (\$) Payee address; City; State; Zip Code \$923.50 \$923.50 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Office held Office held			
Date 05/01/2024 Payee name Curatola, Jacqueline Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
O5/01/2024 Curatola, Jacqueline Amount (\$)			
Amount (\$) \$923.50 \$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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name
\$923.50 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		05/01/2024	Curatola, Jacqueline
\$923.50 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Pavee address: City: State: Zin Code
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		` '	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		4020.00	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Austin, TX 78758
EXPENDITURE Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Staff Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Salaries/Wages/Contract Eabor
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
			Stan Salary
		Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	T-t-1 C-1 I	S Eller D (Shire Commission Eller)
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
4	Date	5 Payee name
	05/31/2024	Curatola, Jacqueline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$923.50	2018 W. Rundberg Ln.
		Apt. 10D
		Austin, TX 78758
		Austill, 17 10100
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	Curatola, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2018 W. Rundberg Ln.
		Apt. 10D
		Austin, TX 78758
_	DUDDOGE	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment for working campaign event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/29/2024	Curatola, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$923.50	2018 W. Rundberg Ln.
		Apt. 10D
		Austin, TX 78758
	PURPOSE	I
	OF	, <u> </u>
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Salary
		otali odday
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 26/58 Rpt: 54/87	Walle Jr., Armando L. (The Honorable) 00062108
4 Date	5 Payee name
06/25/2024	Del Friscos
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$352.70	1510 West Loop South
	Houston, TX 77027
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lunch Meeting with Lone Star College
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
04/25/2024	DoubleTree Hotel
Amount (\$)	Payee address; City; State; Zip Code
\$428.36	7930 Jones Branch Drive
	Ste 1100
	McLean, VA 22102
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel to McAllen for legislative meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/17/2024	Fairfield Inn
Amount (\$)	Payee address; City; State; Zip Code
\$111.15	7750 Wisconsin Ave.
411.10	
	Bethesda, MD 20814
DURDOGE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff hotel during team meetings in district
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 27/58 Rpt: 55/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/17/2024	Fairfield Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.15	7750 Wisconsin Ave.
		Bethesda, MD 20814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff hotel during team meetings in district
		Stan Note: daining team meetings in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	04/23/2024	Fairfield Inn
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$5.05	7750 Wisconsin Ave.
	Ψ5.05	1130 WISCONSIII AVE.
		Pothoods MD 20014
<u> </u>		Bethesda, MD 20814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for staff hotel during team meetings in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/24/2024	Fairfield Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.05	7750 Wisconsin Ave.
		Bethesda, MD 20814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees for staff hotel during team meetings in district
		rees for stail floter during team meetings in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/58 Rpt: 56/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/18/2024	GoFundMe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$510.00	855 Jefferson Ave.
		Redwood City, CA 94063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		schools in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_		
	Date	Payee name
	02/13/2024	Goodman Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$879.13	211 E 7th St.
		620
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		Fundraising consultant fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	03/05/2024	Goodman Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.90	211 E 7th St.
		620
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Fundraising consultant fee
		Fundraising Consultant lee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/58 Rpt: 57/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	03/06/2024	Goodman Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$923.00	211 E 7th St.
		620
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising consultant fee
		Tanaraoning concanant rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2024	Goodman Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$743.75	211 E 7th St.
		620
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising consultant fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/31/2024	Goodman Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	211 E 7th St.
		620
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising consultant fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/58 Rpt: 58/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/16/2024	Gulf Coast AFLCIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2506 Sutherland St.
		Houston, TX 77023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		2024 Working Farming 7 Wards Octobration ticket
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/12/2024	Home Depot
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$817.27	2455 Paces Ferry Road NW
		Atlanta, GA 30339
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refrigerator for District Office
		The migration 16. District Cinico
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/10/2024	Hotel Ella
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$216.32	1990 Rio Grande St.
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Travel to Austin on Legislative Business
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
L		_			Guide explains	now to co	mpie	ete tnis form.				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 31/58 Rpt: 59/87		Walle Jr., A	rmando L. (Th	ne Honorable)				00062108		
4	Date	5	Payee name	!					_			
	01/11/2024		Hotel Ella									
<u>_</u>	Amount (\$)	-	Payee addre	ess; City;	Stato	; Zip Co	,do					
ľ	` '	'	•		State	, Zip CC	ue					
	\$48.71		1990 Rio G	ranue St.								
		l										
l			Austin, TX	78705								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF	l	Travel Out			,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	l						Check if Austin	, TX	officeholder livin	g expense	
								Travel to Aus	tin	on Legislati	ve Business	
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
F	Date		Payee name	1								
	04/18/2024		-	vestock Show								
┝	Amount (\$)	H	Payee addre		Stato	; Zip Co	ndo.					
	, ,		3 NRG Par	-	Siale	, Ζιρ Ο	ue					
	\$700.00		3 NRG Pai	K								
			Houston, T	X 77054								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe					=			nplete Schedule T.	
	EXI ENDITORE							—		officeholder livin		
							and Rodeo	bΙ	ickets to Ho	ouston Livestoc	k Show	
L								and Rodeo				
l	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	П										
Г	Date		Payee name									
	01/13/2024		Internal Re	venue Service	!							
┝	Amount (\$)	H	Payee addre	ess; City;	State	; Zip Co	nde					
	\$1,281.66		-	titution Ave. N		, Zip CC	uc					
	Ψ1,201.00		1111 COIIS	iliulion Ave. N	VV							
			Washingto	n, DC 20224								
	PURPOSE	(a)	Category (S	see Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees								nplete Schedule T.	
l	EXI ENDITORE							ш		officeholder livin	g expense	
								Payroll Taxes	3			
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/Ol	Н										
1												

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment		The Instruction Guide expla	ins how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3		Filer ID	(Ethics Commission File	ers)
l	Sch: 32/58 Rpt: 60/87		Walle Jr., Armando L. (The Honora	ble)				00062108		
4	Date	5	Payee name			·				
	01/31/2024		Internal Revenue Service							
6	Amount (\$)	7	Payee address; City; S	tate; Zip Co	de					
l	\$84.00		1111 Constitution Ave. NW							
			Washington, DC 20224							
8	PURPOSE	(a	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Fees			Check if travel outs				
						Check if Austin, TX Payroll Taxes	Χ, α	officeholder living	expense	
						1 dyroll raxes				
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	eld	
ľ	expenditure to benefit C/O		candidate, embender name	011100 000	9			Omoc ne		
H	Date	Т	Payee name							
	02/15/2024		Internal Revenue Service							
⊢	Amount (\$)	+	Payee address; City; S	tate; Zip Co	de					
	\$1,530.17		1111 Constitution Ave. NW							
			Washington, DC 20224							
Н	PURPOSE	(a	Category (See Categories listed at the top of thi	s schodulo)	(b)	Description				
	OF EXPENDITURE		Fees	o soneddie)		Check if travel out	sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITORE					Check if Austin, TX	Χ, α	officeholder living	expense	
						Payroll Taxes				
┞	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/Ol		Candidate/Officerolder name	Office 30th	giit			Office fic	iu .	
H	Date	Т	Payee name							
	03/15/2024		Internal Revenue Service							
H	Amount (\$)	╁		tate; Zip Co	de					
	\$1,530.17		1111 Constitution Ave. NW	.a.c, <u>-</u> .p cc						
	. ,									
			Washington, DC 20224							
H	PURPOSE	(a	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
l	OF EXPENDITURE		Fees	,		Check if travel out				
l	EXI ENDITORE					Check if Austin, T	Χ, α	officeholder living	expense	
						Payroll Taxes				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/O		- San	J55 554	g. 10			2.1100 110		
\vdash										
<u>_</u>										0 1 6

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	lete 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 Cod1111 Constitution Ave. NWWashington, DC 20224			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Che	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense Oll Taxes	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t	Office held	
	Date 05/15/2024	Payee name Internal Revenue Service			
	Amount (\$) \$782.84	Payee address; City; State; Zip Cod 1111 Constitution Ave. NW			
	PURPOSE OF EXPENDITURE	Washington, DC 20224 (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule)	Che	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense Oll Taxes	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office held	
	Date 06/15/2024	Payee name Internal Revenue Service			
	Amount (\$) \$782.84	Payee address; City; State; Zip Cod 1111 Constitution Ave. NW			
		Washington, DC 20224			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Che	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense oll Taxes	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t 	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/58 Rpt: 62/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/20/2024	J & N Enterprises, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.06	2519 Fairway Park Dr.
		Ste. 302
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yard signs
		Tara signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/24/2024	J & N Enterprises, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,599.88	2519 Fairway Park Dr.
		Ste. 302
		Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Cost to print campaign merchandise
		Cost to print ouripaign meronandisc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/19/2024	Judge Dawn Rogers Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6037 N. Fry Road
		Ste. 126-539
		Katy, TX 77449
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to Judicial Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L	,	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 35/58 Rpt: 63/87	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	
	01/19/2024	Judge Michael Gomez Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	2100 W. Loop South	
		Ste. 900	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Bonation to outroit outripaign	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	
L	01/19/2024	Judge Robert Schaffer Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4615 Southwest Freeway	
		Ste. 600	
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Bonation to oddicial Gampaign	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<u> </u>	
	Date	Payee name	
	01/19/2024	Kristen Hawkins for Judge	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 66816	
		Houston, TX 77266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/58 Rpt: 64/87	Walle Jr., Armando L. (The Honorable) 00062108
4 Date	5 Payee name
01/19/2024	Kyle Carter for Judge
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1314 Texas Ave.
	Ste. 1110
	Houston, TX 77002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Bonation to Statistal Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/19/2024	LULAC District 8
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	PO Box 8620
	Houston, TX 77249
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to LULAC District 8
	Bonadon to 202 to Biodiot o
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/25/2024	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$106.60	675 Ponce de Leon Ave. NE
	5000
	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.
_//	Check if Austin, TX, officeholder living expense
	Subscription to email distribution software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 37/58 Rpt: 65/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/25/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.60	675 Ponce de Leon Ave. NE
		5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Software Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription to email distribution software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7
	Date	Payee name
	03/25/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	675 Ponce de Leon Ave. NE
		5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Software Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription to email distribution software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE
		675 Ponce de Leon Ave. NE
	\$98.07	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308
	\$98.07 PURPOSE OF	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T.
	\$98.07	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	\$98.07 PURPOSE OF	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T.
	\$98.07 PURPOSE OF EXPENDITURE	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription to email distribution software
	\$98.07 PURPOSE OF	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription to email distribution software Candidate/Officeholder name Office sought Office held
	\$98.07 PURPOSE OF EXPENDITURE Complete ONLY if direct	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription to email distribution software Candidate/Officeholder name Office sought Office held
	\$98.07 PURPOSE OF EXPENDITURE Complete ONLY if direct	675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription to email distribution software Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/58 Rpt: 66/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/25/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.07	675 Ponce de Leon Ave. NE
		5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription to email distribution software
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	<u> </u>	
	Date	Payee name
	06/25/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	675 Ponce de Leon Ave. NE
		5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription to email distribution software
		Cassonpach to official distribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/27/2024	NALEO Educational Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	1000 Corporate Center Dr.
	Ţ. 33.3 0	Ste. 310
		Monterey Park, CA 91754
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Conference (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pass for NALEO Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 39/58 Rpt: 67/87	Walle Jr., Armando L. (The Honorable) 00062108
4 Date 06/18/2024	5 Payee name NALEO Educational Fund
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1000 Corporate Center Dr. Ste. 310 Monterey Park, CA 91754
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to NALEO
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 04/16/2024	Payee name Planned Parenthood Texas Votes
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 41646 Austin, TX 78704
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to PPTV anniversary event
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/07/2024	Payee name Plaza Hotel El Paso
Amount (\$) \$702.66	Payee address; City; State; Zip Code 106 W. Mills Ave.
	El Paso, TX 79901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel for TDP Convention
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/58 Rpt: 68/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/19/2024	Precinct4Forward
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	14444 Holderrieth Rd.
		Tomball, TX 77377
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Bondion to new rians county outreach nonprone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/15/2024	QuickBooks Payments
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.74	2700 Coast Ave.
	Ψ92.14	2700 Coast Ave.
		Mountain View, CA 04040
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/15/2024	QuickBooks Payments
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.74	2700 Coast Ave.
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting software subscription
		Accounting software subscription
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 42/58 Rpt: 70/87	Walle Jr., Armando L. (The Honorable)		00062108
4	Date	5 Payee name		<u> </u>
	06/15/2024	QuickBooks Payments		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$92.74	2700 Coast Ave.		
		Mountain View, CA 94043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Accounting/Banking	Ĺ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
			F	Accounting software subscription
Ļ	Complete ONLY if direct	Candidate/Officeholder name	la 4	Office heald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nι	Office held
L				
	Date	Payee name		
	06/07/2024	Raising Canes		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$229.14	100 North St.		
		Ste. 802		
		Baton Rouge, LA 70802		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	EXPENDITURE	Food/Beverage Expense	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Lunch donation for students at Baker Ripley summer
				camp
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/24/2024	Saltgrass		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$239.20	1510 W. Loop South		
		Houston, TX 77027		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) г	Description
	OF	Food/Beverage Expense	, E	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			(Staff dinner
	Operation ONE VIII II	Open til deta 1000 av balden man	1-4	06
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	JΠ	Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 43/58 Rpt: 71/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/01/2024	Santucci, Cara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,526.56	1412 Waldorf Ave
		#1
		Austin, TX 78721
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	Santucci, Cara
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,526.56	1412 Waldorf Ave
		#1
		Austin, TX 78721
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/30/2024	Santucci, Cara
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,169.06	1412 Waldorf Ave
		#1
		Austin, TX 78721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 44/58 Rpt: 72/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/01/2024	Santucci, Cara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,169.06	1412 Waldorf Ave
	·	#1
		Austin, TX 78721
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/O	<u> </u>
	Date	Payee name
	06/29/2024	Santucci, Cara
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,169.06	1412 Waldorf Ave
		#1
		Austin, TX 78721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Staff Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	05/03/2024	Santucci, Cara
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.08	1412 Waldorf Ave
		#1
		Austin, TX 78721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mileage reimbursement for travel for fundraiser
		whileage reimbarsement for traver for fundraiser
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/58 Rpt: 73/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	05/31/2024	Santucci, Cara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,169.06	1412 Waldorf Ave
		#1
		Austin, TX 78721
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Salary
		Stail Stairy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	David and a second a second and
	03/28/2024	Payee name SquareSpace
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.65	225 Varick St.
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website maintenance expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2024	SquareSpace
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	225 Varick St.
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Website Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website maintenance expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 46/58 Rpt: 74/87	Walle Jr., Armando L. (The Honorable) 00062108	
4	Date	5 Payee name	-
	04/28/2024	SquareSpace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$26.65	225 Varick St.	
		New York, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website maintenance expense	
Ļ	Operation ONLY if allowed	Open finds to 10 ff and half at a second to 10 ff and half at a second to 10 ff and half at 10 ff at 1	_
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
┡			_
	Date	Payee name	
L	05/27/2024	SquareSpace	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.65	225 Varick St.	
		New York, NY 10014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Website maintenance expense	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	06/27/2024	SquareSpace	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$26.65	225 Varick St.	
		New York, NY 10014	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Website maintenance expense	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/58 Rpt: 75/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	02/05/2024	Suburban Houston Association of Bilingual Educators
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 90670
		Houston, TX 77290
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to Educator of the Teal Scholarship Fund
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
_	Date	Payee name
	02/07/2024	Switchboard
_	Amount (\$)	Payee address; City; State; Zip Code
	\$141.69	P.O. Box 33485
	Ψ1-11.00	1.0. 56% 66466
		Washington, DC 20033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cost for fundraising texting program
		Cost for furnitioning texting program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
—	Date	Payee name
	03/06/2024	Switchboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.94	P.O. Box 33485
	7-00.0	. 18. 28. 88. 188
		Washington, DC 20033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Cost for fundraising texting program
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/58 Rpt: 76/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	04/05/2024	Switchboard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.03	P.O. Box 33485
		Washington, DC 20033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cost for fundraising texting program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/19/2024	Teleflora
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.05	11444 West Olympic Blvd.
		4th Floor
		Los Angeles, CA 90064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Memorial flowers for funeral service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/22/2024	Teleflora
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.63	11444 West Olympic Blvd.
		4th Floor
		Los Angeles, CA 90064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Memorial flowers for funeral service
		Wellional nowers for functial service
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cabadula F1:	2 Filer ID (Ethics Commission Filers)
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	5 Payee name
	05/27/2024	Texas Democratic Party
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsorship for TDP Convention
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2024	Texas Workforce Commission
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$744.58	101 E 15th St.
		Austin, TX 78778
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	_,	Check if Austin, TX, officeholder living expense
		Unemployment Tax Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2024	USPS
	01/22/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.35	475 L'Enfant Plaza SW
		Washington, DC 20260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Postage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage	
9	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare for Legislative Meeting in Houston	
	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare for Legislative Meeting in Houston	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 51/58 Rpt: 79/87	Walle Jr., Armando L. (The Honorable) 00062108
4	Date	5 Payee name
	01/27/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.20	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORL	Check if Austin, TX, officeholder living expense
		Rideshare for Legislative Meeting in Houston
_	Complete ONLY if direct	Constitute (Office helds a name of the constitute of the constitut
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Data	Г_
	Date	Payee name
	01/28/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.99	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare for Legislative Meeting in Houston
		The contact of Logislant Mooning II
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	01/30/2024	Uber
_	Amount (\$)	Payee address; City; State; Zip Code
	\$8.49	1455 Market St.
	ψυίπο	#400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare to Downtown Houston Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
_	Sch: 52/58 Rpt: 80/87	Walle Jr., Armando L. (The Honorable)		00062108
4	Date	5 Payee name		I
	01/30/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$13.78	1455 Market St.		
		#400		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Rideshare to Downtown Houston Event
_	Complete ONL V if direct	Candidate/Officeholder name Office sou		Office held
9	Complete ONLY if direct expenditure to benefit C/OH		ynı	Office field
	Data		—	
	Date 05/09/2024	Payee name Uber		
			. 	
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$6.55	1455 Market St.		
		#400		
		San Francisco, CA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Rideshare while in McAllen for Legislative Meetings
				The contains will be an interest and the contains
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	H		
	Date	Payee name		
	05/10/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$15.92	1455 Market St.		
		#400		
		San Francisco, CA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Rideshare while in McAllen for Legislative Meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
	expenditure to benefit C/O		grit	Onice rielu
			—	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 53/58 Rpt: 81/87	Walle Jr., Armando L. (The Honorable)		00062108
4	Date	5 Payee name		
	05/13/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$8.99	1455 Market St.		
		#400		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on	
	OF EXPENDITURE	Travel Out of District		ide of Texas. Complete Schedule T.
				officeholder living expense in McAllen for Legislative Meetings
		Nacsina		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/O			
	Date	Payee name		
	05/13/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.00	1455 Market St.		
		#400		
		San Francisco, CA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Travel Out of District Check if		ide of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		, officeholder living expense
		Ridesha	are while	in McAllen for Legislative Meetings
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	05/14/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2.00	1455 Market St.		
		#400		
L		San Francisco, CA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Traver out of District		ide of Texas. Complete Schedule T. , officeholder living expense
				in McAllen for Legislative Meetings
				j v j
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 54/58 Rpt: 82/87	Walle Jr., Armando L. (The Honorable)	00062108
4	Date	5 Payee name	
	05/27/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.50	1455 Market St.	
		#400	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Travel In District	outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver III District	n, TX, officeholder living expense
		Rideshare fo	or Meeting in Houston
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit c/of		
	Date	Payee name	
	05/28/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.28	1455 Market St.	
		#400	
	_	San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutside of Toyon, Complete Cabadula T
	EXPENDITURE	Haver in District	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		,	or Meeting in Houston
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	
	Date	Payee name	
	06/06/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.00	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District	n, TX, officeholder living expense
		Rideshare w	hile at TDP Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	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
4	Date 06/07/2024	5 Payee name Uber
6	Amount (\$) \$20.90	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare while at TDP Convention
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/07/2024	Payee name Uber
	Amount (\$) \$35.50	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare while at TDP Convention
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/08/2024	Payee name Uber
	Amount (\$) \$5.32	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare while at TDP Convention
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare while at TDP Convention
9	Complete ONLY if direct expenditure to benefit C/Ol	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare while at TDP Convention
	Complete ONLY if direct expenditure to benefit C/OI	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 X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare while at NALEO conference
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	_
	Sch: 57/58 Rpt: 85/87	Walle Jr., A	rmando L. (The Ho	norable)				00062108		
4	Date	5 Payee name								
	06/20/2024	Uber								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode					
	\$34.85	1455 Marke	et St.							
		#400								
		San Francis	sco, CA 94103							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
OF EXPENDITURE Travel Out of District X Check if travel outside of Texas. Complete Schedule										
						Rideshare wh				
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld	_
_	Date	Payee name								_
	04/13/2024	United Airlin	nes							
	Amount (\$)	Payee addre		State; Zip C	odo					_
	\$484.81	233 S. Wad	•	State, Zip C	oue					
	φ404.01	233 3. Wat	kei Di.							
		Chicago, IL	60606							
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District			=		de of Texas. Com officeholder living		
						Travel for car				
							•	3		
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office he	eld	
	Date	Payee name								=
	05/28/2024	United Airlin	nes							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					_
	\$594.20	233 S. Wad	ker Dr.							
		Chicago, IL	60606							
	PURPOSE OF	1	ee Categories listed at the to	p of this schedule)	(b)	Description	_			
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living	•	
						Flights to and				
						5			-	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	ught			Office he	eld	_
	expenditure to benefit C/O	H			-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/W		/Contract Labor		OTHER (enter	a category not listed above)
_	T	6 EU ED MANE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	_	E1 15	(Ethio Occasion Ethan)
1	Total pages Schedule F1: Sch: 58/58 Rpt: 86/87		: rmando L. (The Hono	rable)			3	Filer ID 00062108	(Ethics Commission Filers)
4	Date	5 Payee name							
			0						
	01/29/2024	venton Jon	es Campaign						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	de				
	\$500.00	1075 Griffin	St.						
		West							
		Dallas, TX 7	75215						
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF Contributions / Donations Made By				mplete Schedule T.				
	EXPENDITURE		Officeholder/Political (Check if Austin,	TX,	officeholder livir	ng expense
						Donation to S	tat	e House ca	ampaign
9	Complete ONLY if direct		ceholder name	Office sou	ght			Office h	neld
	expenditure to benefit C/O	1							
	Date	Payee name							
	05/06/2024	Wayfair							
			O't- ::	Otata: 7in Oa	-1-				
	Amount (\$)	Payee addres		State; Zip Co	ue				
	\$482.76	4 Copley Pl	ace						
		Boston, MA	02116						
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Supplies				Check if travel of	outsio	de of Texas. Co	mplete Schedule T.
	EXPENDITURE					Check if Austin,	TX,	officeholder livir	ng expense
						Furniture for r	nev	v district of	fice
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght			Office h	neld
	expenditure to benefit C/O	4							
_									

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

SCHEDULE T

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