

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

<b>The SPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00080011	<b>2 Total pages filed:</b> 64
<b>3 COMMITTEE NAME</b> Friends of Tom Oliverson		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 E. Greenway Plza., Ste 225  Houston, TX 77046	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR FIRST MI Dr. Sheriff <hr/> NICKNAME LAST SUFFIX Zaafran	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1 E. Greenway Plza., Ste. 225  Houston, TX 77046	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 E. Greenway Plza., Ste. 225  Houston, TX 77046	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION (713) 526-3399	
<b>9 REPORT TYPE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination	
<b>10 PERIOD COVERED</b>		Month Day Year      THROUGH      Month Day Year 01/01/2024      06/30/2024	
<b>11 ELECTION</b>		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Friends of Tom Oliverson		<b>13 Filer ID</b> (Ethics Commission Filers) 00080011				
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input checked="" type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b> Tom Oliverson  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> State Representative				
	<input type="checkbox"/> Measure	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>BALLOT IDENTIFICATION / #</b></td> <td style="padding: 5px;"><b>ELECTION DATE</b></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">                     Month    Day    Year                 </td> </tr> </table>	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>		Month    Day    Year
	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>				
		Month    Day    Year				
<b>DESCRIPTION</b>						
<b>15 CONTRIBUTION TOTALS</b>						
<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b>		\$ 0.00				
<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>		\$ 103,000.66				
<b>EXPENDITURE TOTALS</b>						
<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>		\$ 0.00				
<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 136,636.12				
<b>CONTRIBUTION BALANCE</b>						
<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 396,440.41				
<b>OUTSTANDING LOAN TOTALS</b>						
<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 0.00				

**16 AFFIDAVIT**

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

\_\_\_\_\_  
 Dr. Sherif Zaafran  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - SPAC**

<b>17</b> COMMITTEE NAME Friends of Tom Oliverson	<b>18</b> Filer ID (Ethics Commission Filers) 00080011
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<b>19</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 103,000.66
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 109,998.78
9. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 26,637.34
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,240.28

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abouleish, Amr <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77059	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UTMB
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abouleish, Amr <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adkins, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado, Angie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78753	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Crown Administrator
Date 02/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00251876 ) Amgen Inc. Political Action Committee <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 03/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Attaway, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379-2939	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) MFG Rep		<b>9</b> Employer (See Instructions) JD Attaway & Co
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ball, Timothy <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Cardiothoracic Anesthesiologist		Employer (See Instructions) Baylor Scott & White Health
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Birdwell, Brad <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) GR Birdwell Const.
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourgeois, Keith <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Keith A. Bourgeois M.D., PA
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Bail Bondsman		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/64
2 FILER NAME Friends of Tom Oliverson		3 Filer ID (Ethics Commission Filers) 00080011
4 Date 01/12/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716 ) Comcast Corporation & NBC Universal Political Action Committee	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Philadelphia, PA 19103	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila, David	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Glenn	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cypress Physicians Association
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Ross	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickerson, Sam	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/14 Rpt: 7/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dixon, Billy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Southwestern Energy
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) EHRA Engineering PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elswick, Roger <hr/> Contributor address; City; State; Zip Code  Houston, TX 77068	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Dealer		Employer (See Instructions) Community Toyota Honda Kia
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eye-PAC of the Texas Ophthalmological Association <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eye-Pac of the Texas Ophthalmological Association <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/14 Rpt: 8/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fite, Diana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77355	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of Baylor Med <hr/> Contributor address; City; State; Zip Code  Houston, TX 77010	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HILLCO PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Ben D <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Hector <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) USAP
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Poilce Officers' Union PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hu, Wenrong <hr/> Contributor address; City; State; Zip Code  Orlando, FL 32814	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) K&L Gates, L.L.P. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keeler, David <hr/> Contributor address; City; State; Zip Code  St. Petersburg, FL 33704	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Ridge Admin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 03/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kercheville MD, Scott E <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78215	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Faraz <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radpartners Houston
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lapham, Nancy <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Metropolitan Anesthesia Political Action Committee <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michel, J. <hr/> Contributor address; City; State; Zip Code  Ridgeland, MS 39157	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Robert D.	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Locke Lord LLP
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minnis, Michael	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77007	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mounts, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00553834</u> ) Otsuka American Pharmaceutical PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Rockville, MD 20850	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00103549</u> ) Parsons Corporation PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Pasadena, CA 91124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/14 Rpt: 12/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pate, Randy	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, VA 22206		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Randolph Pate Advisors LLC
Date 02/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683 ) Pfizer PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  New York, NY 10001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00513549 ) Phillips 66 PAC	Amount of Contribution (\$) \$1,000.66
Contributor address; City; State; Zip Code  Washington, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Clifford	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78732		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Texas Direct Medical Care
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Jeff	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		UTMB

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/14 Rpt: 13/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Michael	<b>7</b> Amount of Contribution (\$) \$150.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040		
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Broker		<b>9</b> Employer (See Instructions) Northwest General
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rupani, Nasruddin	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Houston, TX 77027		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanow, Jeffrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Port Richey, FL 34668		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAPA PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78213		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taplin, Norman	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  West Palm Beach, FL 33401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/14 Rpt: 14/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC	Amount of Contribution (\$) \$12,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Optometric PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Society of Architects Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78767		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 04/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Oliverson Living Trust <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kalispell, MT 59901	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00376376 ) The Travelers Companies, INC. PAC <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thorseth, Vienna <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) IT analyst		Employer (See Instructions) AHS
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tom Ramsey Campaign <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) U.S.A.P Texas, LC - Dallas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/14 Rpt: 16/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 02/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) UPSPAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00164145</u> ) USAA Employee PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78288	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veterinarian Political Action Committee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78754	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Von Dohlen, Tim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78733	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wayne, Isaacks <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77377	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weekley, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician/anesthesiologist		Employer (See Instructions) Kelsey-Seybold
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weltge MD, Arlo <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTH-MMS
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Thomas <hr/> Contributor address; City; State; Zip Code  Navasota, TX 77868	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Williams Public Affairs

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/21 Rpt: 18/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
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<b>4</b> Date 01/03/2024	<b>5</b> Payee name American Express
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<b>6</b> Amount (\$) \$10,146.41	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/03/2024	Payee name American Express
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Amount (\$) \$667.50	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2024	Payee name American Express
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Amount (\$) \$359.07	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/21 Rpt: 19/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
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<b>4</b> Date 04/03/2024	<b>5</b> Payee name American Express
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<b>6</b> Amount (\$) \$3,161.69	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/01/2024	Payee name American Express
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Amount (\$) \$10,954.13	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/26/2024	Payee name Anedot
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Amount (\$) \$43.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/21 Rpt: 20/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 03/27/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$30.15	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Anedot	
Amount (\$) \$97.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2024	Payee name Anedot	
Amount (\$) \$21.08	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/21 Rpt: 21/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 04/12/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$195.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2024	Payee name Anedot	
Amount (\$) \$4.20	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2024	Payee name Anedot	
Amount (\$) \$10.05	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/21 Rpt: 22/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
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<b>4</b> Date 06/04/2024	<b>5</b> Payee name Anedot
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<b>6</b> Amount (\$) \$1.28	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/14/2024	Payee name Anedot
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Amount (\$) \$79.20	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/17/2024	Payee name Anedot
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Amount (\$) \$195.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/21 Rpt: 23/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/20/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$195.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/25/2024	Payee name Anedot	
Amount (\$) \$69.15	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/28/2024	Payee name Anedot	
Amount (\$) \$14.25	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/21 Rpt: 24/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 01/01/2024	<b>5</b> Payee name Blakemore & Associates	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/01/2024	Payee name Blakemore & Associates	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/01/2024	Payee name Blakemore & Associates	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/21 Rpt: 25/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 04/01/2024	<b>5</b> Payee name Blakemore & Associates	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name Blakemore & Associates	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2024	Payee name Blakemore & Associates	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/21 Rpt: 26/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
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<b>4</b> Date 02/02/2024	<b>5</b> Payee name Cy Fair Educational Foundation
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<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1698  Cypress, TX 77410
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2024	Payee name Cy Fair Republican Women
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 10730 Barker Cypress Rd Ste C PMB 153  Cypress, TX 77433
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2024	Payee name Cy Fair Republican Women
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 10730 Barker Cypress Rd Ste C PMB 153  Cypress, TX 77433
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/21 Rpt: 27/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/20/2024	<b>5</b> Payee name Cypress Republicans	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 13419 Hartford Bay Trail  Cypress, TX 77429	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Fedex Office	
Amount (\$) \$79.56	Payee address; City; State; Zip Code 2200 Southwest Freeway  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Poster
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Glorious Way Church	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 11611 Champion Forest Drive  Houston, TX 77066	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/21 Rpt: 28/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 01/18/2024	<b>5</b> Payee name Greater Tomball Area Chamber Of Commerce	
<b>6</b> Amount (\$) \$700.00	<b>7</b> Payee address; City; State; Zip Code 29201 Quinn Rd  Tomball, TX 77375	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Handley, Grace	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Handley, Grace	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/21 Rpt: 29/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 02/05/2024	<b>5</b> Payee name Handley, Grace	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Handley, Grace	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name Handley, Grace	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/21 Rpt: 30/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 05/01/2024	<b>5</b> Payee name Handley, Grace	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/01/2024	Payee name Handley, Grace	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/03/2024	Payee name Handley, Grace	
Amount (\$) \$1,950.00	Payee address; City; State; Zip Code 21820 E Yaupon Circle  Tomball, TX 77377	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/21 Rpt: 31/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
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<b>4</b> Date 04/11/2024	<b>5</b> Payee name Harris County Republican Party
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<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 8588 Katy Freeway Ste 445  Houston, TX 77024
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name Northwest Forest Republican Women
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Amount (\$) \$125.00	Payee address; City; State; Zip Code 16719 Mandeville Court  Spring, TX 77379
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Print Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/02/2024	Payee name Raconteur Media Company
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Amount (\$) \$2,069.00	Payee address; City; State; Zip Code PO Box 26511  Austin, TX 78755
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/21 Rpt: 32/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 02/05/2024	<b>5</b> Payee name Raconteur Media Company	
<b>6</b> Amount (\$) \$2,075.00	<b>7</b> Payee address; City; State; Zip Code PO Box 26511  Austin, TX 78755	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Raconteur Media Company	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 26511  Austin, TX 78755	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Raconteur Media Company	
Amount (\$) \$2,075.00	Payee address; City; State; Zip Code PO Box 26511  Austin, TX 78755	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/21 Rpt: 33/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 04/03/2024	<b>5</b> Payee name Raconteur Media Company	
<b>6</b> Amount (\$) \$2,075.00	<b>7</b> Payee address; City; State; Zip Code PO Box 26511  Austin, TX 78755	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/03/2024	Candidate/Officeholder name Raconteur Media Company	
Amount (\$) \$2,075.00	Office sought PO Box 26511  Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/07/2024	Candidate/Officeholder name Raconteur Media Company	
Amount (\$) \$2,075.00	Office sought PO Box 26511  Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/07/2024	Candidate/Officeholder name Raconteur Media Company	
Amount (\$) \$2,075.00	Office sought PO Box 26511  Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/21 Rpt: 34/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 02/14/2024	<b>5</b> Payee name Rapid Delivery Service	
<b>6</b> Amount (\$) \$59.69	<b>7</b> Payee address; City; State; Zip Code 5322 Elm St  Houston, TX 77081	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Camapign Delivery Charges
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/26/2024	Payee name Right Lists Of Texas	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston, TX 77046	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Voter Lists Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/27/2024	Payee name Stephanie Klick Campaign	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 7592  Fort Worth, TX 76111	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/21 Rpt: 35/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
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<b>4</b> Date 02/05/2024	<b>5</b> Payee name Texans For Dade Phelan
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<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 848  Nederland, TX 77627
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/23/2024	Payee name Texas Young Republicans
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1109 West Nolana Ave Suite 306  Mcallen, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/05/2024	Payee name Tom Oliverson For Speaker
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Amount (\$) \$25,000.00	Payee address; City; State; Zip Code PO Box 2124  Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/21 Rpt: 36/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 03/20/2024	<b>5</b> Payee name Trademarks	
<b>6</b> Amount (\$) \$1,484.87	<b>7</b> Payee address; City; State; Zip Code 11333 Todd St  Houston, TX 77055	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Logoed Promotional Items
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Wilson, Molly	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Wilson, Molly	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/21 Rpt: 37/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 03/01/2024	<b>5</b> Payee name Wilson, Molly	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/01/2024	Payee name Wilson, Molly	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/01/2024	Payee name Wilson, Molly	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/21 Rpt: 38/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 06/01/2024	<b>5</b> Payee name Wilson, Molly	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/24 Rpt: 39/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution American Express		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 01/12/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>7</b>	PAYEE	(a) Payee name Greater Tomball Area Chamber		(b) Payee address; City, State, Zip Code 29201 Quinn Rd Unit B Tomball, TX 77375	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$23.00	(b) Date of Charge 02/02/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024		
<b>PAYEE</b>	(a) Payee name Greater Tomball Area Chamber	(b) Payee address; City, State, Zip Code 29201 Quinn Rd Unit B Tomball, TX 77375			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$40.00	(b) Date of Charge 02/20/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024		
<b>PAYEE</b>	(a) Payee name Cy-Fair Chamber	(b) Payee address; City, State, Zip Code 8711 Hwy 6 North Suite 120 Houston, TX 77095			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/24 Rpt: 40/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$26.00	(b) Date of Charge 04/16/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Cherry Tree Republicans		(b) Payee address; City, State, Zip Code 12414 Foxburo Dr Houston, TX 77065	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 04/16/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Cy-Fair Chamber		(b) Payee address; City, State, Zip Code 8711 Hwy 6 North Suite 120 Houston, TX 77095	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 06/07/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Greater Tomball Area Chamber		(b) Payee address; City, State, Zip Code 29201 Quinn Rd Unit B Tomball, TX 77375	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 3/24 Rpt: 41/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$466.26	(b) Date of Charge 05/27/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Constant Contact		(b) Payee address; City, State, Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Email Distribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$307.00	(b) Date of Charge 06/13/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 8Th Floor 91 Main St Dallas, TX 75202	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Email Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$347.00	(b) Date of Charge 02/20/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>7</b>	PAYEE	(a) Payee name NCOIL		(b) Payee address; City, State, Zip Code 155 5Th St 7 San Francisco, CA 94103-2919	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign Event Tickets	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 4/24 Rpt: 42/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$447.00	(b) Date of Charge 03/22/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024	
<b>7</b>	PAYEE	(a) Payee name NCOIL		(b) Payee address; City, State, Zip Code 155 5Th St 7  San Francisco, CA 94103-2919	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign Event Tickets	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$347.00	(b) Date of Charge 06/03/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name NCOIL		(b) Payee address; City, State, Zip Code 155 5Th St 7  San Francisco, CA 94103-2919		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign Event Tickets		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$12.78	(b) Date of Charge 01/27/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024		
<b>PAYEE</b>	(a) Payee name Dropbox		(b) Payee address; City, State, Zip Code 333 Brannan St  San Francisco, CA 94107		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign File Storage Subscription		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 5/24 Rpt: 43/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 02/27/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>7</b>	PAYEE	(a) Payee name Dropbox		(b) Payee address; City, State, Zip Code 333 Brannan St  San Francisco, CA 94107	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign File Storage Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$12.78	(b) Date of Charge 03/27/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024		
<b>PAYEE</b>	(a) Payee name Dropbox		(b) Payee address; City, State, Zip Code 333 Brannan St  San Francisco, CA 94107		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign File Storage Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$12.78	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name Dropbox		(b) Payee address; City, State, Zip Code 333 Brannan St  San Francisco, CA 94107		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign File Storage Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/24 Rpt: 44/64		<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$12.78	(b) Date of Charge 05/27/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name Dropbox		(b) Payee address; City, State, Zip Code 333 Brannan St San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign File Storage Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$12.78	(b) Date of Charge 06/27/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Dropbox		(b) Payee address; City, State, Zip Code 333 Brannan St San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign File Storage Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$27.06	(b) Date of Charge 05/14/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Cy Fair Republican Women		(b) Payee address; City, State, Zip Code 8524 Hwy Six North Houston, TX 77095	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Luncheon Fees	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 7/24 Rpt: 45/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	<b>CREDIT CARD ISSUER</b>	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	<b>PAYMENT</b>	(a) Amount Charged \$8.00	(b) Date of Charge 06/18/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	<b>PAYEE</b>	(a) Payee name Cherry Tree Republicans		(b) Payee address; City, State, Zip Code 12414 Foxburo Dr Houston, TX 77065	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign Luncheon Fees	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	<b>PAYMENT</b>	(a) Amount Charged \$64.95	(b) Date of Charge 02/23/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>7</b>	<b>PAYEE</b>	(a) Payee name Postnet		(b) Payee address; City, State, Zip Code 27708 Tomball Pkwy Tomball, TX 77375-6472	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign Postage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	<b>PAYMENT</b>	(a) Amount Charged \$151.55	(b) Date of Charge 03/13/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024	
<b>7</b>	<b>PAYEE</b>	(a) Payee name Postnet		(b) Payee address; City, State, Zip Code 27708 Tomball Pkwy Tomball, TX 77375-6472	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign Postage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/24 Rpt: 46/64		<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$342.00	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024	
<b>7</b> PAYEE		(a) Payee name USPS		(b) Payee address; City, State, Zip Code 823 Congress Ave Ste 150 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Postage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$508.96	(b) Date of Charge 03/22/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024	
<b>PAYEE</b>		(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611 Dallas, TX 75235	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$532.97	(b) Date of Charge 04/06/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024	
<b>PAYEE</b>		(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code Po Box 36611 Dallas, TX 75235	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 9/24 Rpt: 47/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$278.03	(b) Date of Charge 04/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Hyatt Place		(b) Payee address; City, State, Zip Code 100 East Palmetto Park Rd Boca Raton, FL 33432-4819	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,314.40	(b) Date of Charge 03/20/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024		
<b>PAYEE</b>	(a) Payee name AT&T Executive Center		(b) Payee address; City, State, Zip Code 1900 University Ave Austin, TX 78705		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$2,240.28	(b) Date of Charge 03/22/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024		
<b>PAYEE</b>	(a) Payee name HotelReservations.com		(b) Payee address; City, State, Zip Code 333 108Th Ave North East Bellevue, WA 98004		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/24 Rpt: 48/64	<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$196.31	(b) Date of Charge 03/22/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024
<b>7</b> PAYEE	(a) Payee name Reservations.com		(b) Payee address; City, State, Zip Code 390 North Orange Ave Suite 1605  Orlando, FL 32801
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$410.65	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024
<b>PAYEE</b>	(a) Payee name AT&T Executive Center		(b) Payee address; City, State, Zip Code 1900 University Ave  Austin, TX 78705
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$931.68	(b) Date of Charge 04/11/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Sheraton Grand		(b) Payee address; City, State, Zip Code 623 Un St  Nashville, TN 37219-1706
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 11/24 Rpt: 49/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$327.48	(b) Date of Charge 05/19/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Grand Hyatt		(b) Payee address; City, State, Zip Code 600 East Market St San Antonio, TX 78205-2600	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$850.38	(b) Date of Charge 05/25/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Grand Hyatt		(b) Payee address; City, State, Zip Code 600 East Market St San Antonio, TX 78205-2600	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$64.00	(b) Date of Charge 04/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Austin Bergstrum Airport		(b) Payee address; City, State, Zip Code 919 Congress Ave Ste 1250 Austin, TX 78701	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 12/24 Rpt: 50/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 05/23/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name River Bend Garage		(b) Payee address; City, State, Zip Code 210 North Presa St San Antonio, TX 78205	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Plat Parking		(b) Payee address; City, State, Zip Code 349 East Commerce St San Antonio, TX 78205	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Parking	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$5.63	(b) Date of Charge 04/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market St 400 San Francisco, CA 94103	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 13/24 Rpt: 51/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$37.55	(b) Date of Charge 04/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market St 400  San Francisco, CA 94103	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Campaign Staff Transportation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$21.43	(b) Date of Charge 01/31/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>7</b>	PAYEE	(a) Payee name Tax1099.com		(b) Payee address; City, State, Zip Code 1 East Ctr St Suite 250  Fayetteville, AR 72701	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Tax Filing Fees	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 01/12/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>7</b>	PAYEE	(a) Payee name Square Space		(b) Payee address; City, State, Zip Code 225 Varick St Fl 12  New York, NY 10014	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Web Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 14/24 Rpt: 52/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>7</b>	PAYEE	(a) Payee name Square Space		(b) Payee address; City, State, Zip Code 225 Varick St Fl 12 New York, NY 10014	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Web Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$35.18	(b) Date of Charge 03/12/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024		
<b>PAYEE</b>	(a) Payee name Square Space	(b) Payee address; City, State, Zip Code 225 Varick St Fl 12 New York, NY 10014			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Web Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$35.18	(b) Date of Charge 04/12/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name Square Space	(b) Payee address; City, State, Zip Code 225 Varick St Fl 12 New York, NY 10014			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Web Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 15/24 Rpt: 53/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 05/12/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Square Space		(b) Payee address; City, State, Zip Code 225 Varick St Fl 12 New York, NY 10014	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Web Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$35.18	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Square Space		(b) Payee address; City, State, Zip Code 225 Varick St Fl 12 New York, NY 10014	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Web Hosting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$105.79	(b) Date of Charge 02/09/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>7</b>	PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2652 Lake Austin Blvd Austin, TX 78703	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 16/24 Rpt: 54/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$101.30	(b) Date of Charge 05/20/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2652 Lake Austin Blvd Austin, TX 78703	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$10.83	(b) Date of Charge 01/02/2024	(c) Date(s) Credit Card Issuer Paid 02/03/2024	
<b>7</b>	PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 Ih 35 South Ausitn, TX 78747-1765	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$10.83	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>7</b>	PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 Ih 35 South Ausitn, TX 78747-1765	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 17/24 Rpt: 55/64		<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$38.97	(b) Date of Charge 02/03/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>7</b> PAYEE		(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 27706 State Hwy 249 Tomball, TX 77375-6472	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$33.82	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>PAYEE</b>		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 IH 35 South Austin, TX 78747-1765	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$42.82	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024	
<b>PAYEE</b>		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 lh 35 South Ausitn, TX 78747-1765	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 18/24 Rpt: 56/64		<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$10.83	(b) Date of Charge 05/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 Ih 35 South Ausitn, TX 78747-1765	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$45.82	(b) Date of Charge 06/03/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 Ih 35 South Ausitn, TX 78747-1765	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Office Water	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$93.88	(b) Date of Charge 02/07/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>PAYEE</b>		(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St 4th Fl Ubereats.Com, CA 94103	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 19/24 Rpt: 57/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	<b>CREDIT CARD ISSUER</b>	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	<b>PAYMENT</b>	(a) Amount Charged \$28.20	(b) Date of Charge 02/11/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024	
<b>7</b>	<b>PAYEE</b>	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St 4th Fl  Ubereats.Com, CA 94103	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$83.51	(b) Date of Charge 03/21/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024		
<b>PAYEE</b>	(a) Payee name Uber Eats	(b) Payee address; City, State, Zip Code 1455 Market St  San Francisco, CA 94103			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Staff Meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$285.72	(b) Date of Charge 03/09/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024		
<b>PAYEE</b>	(a) Payee name Shipleys Do-Nuts	(b) Payee address; City, State, Zip Code 26321 North West Fwy Ste 800  Cypress, TX 77429			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Constituent Meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 20/24 Rpt: 58/64	<b>2</b>	FILER NAME Friends of Tom Oliverson	<b>3</b>	Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	<b>CREDIT CARD ISSUER</b>	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	<b>PAYMENT</b>	(a) Amount Charged \$100.00	(b) Date of Charge 01/27/2024	(c) Date(s) Credit Card Issuer Paid 02/28/2024	
<b>7</b>	<b>PAYEE</b>	(a) Payee name Tomball High School		(b) Payee address; City, State, Zip Code 310 South Cherry St Tomball, TX 77375	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/07/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024		
<b>PAYEE</b>	(a) Payee name Young Conservatives Of Texas		(b) Payee address; City, State, Zip Code 9901 Brodie Ln Ste 160 990 Austin, TX 78748		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Contribution		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 03/02/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024		
<b>PAYEE</b>	(a) Payee name Kingwood Tea Party		(b) Payee address; City, State, Zip Code 1107 Plum Grv Rd Cleveland, TX 77327		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Contribution		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 21/24 Rpt: 59/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	CREDIT CARD ISSUER Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b>	<b>PAYMENT</b> (a) Amount Charged \$4,350.00	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid 05/01/2024
<b>7</b>	<b>PAYEE</b> (a) Payee name TexasGop.org	(b) Payee address; City, State, Zip Code 211 East 7Th St Ste 915 Austin, TX 78701	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b> (a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b>	(a) Amount Charged \$179.00	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name TexasGop.org	(b) Payee address; City, State, Zip Code 807 Brazos St Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$179.00	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name TexasGop.org	(b) Payee address; City, State, Zip Code 807 Brazos St Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 22/24 Rpt: 60/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	<b>CREDIT CARD ISSUER</b> Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b>	<b>PAYMENT</b> (a) Amount Charged \$250.00	(b) Date of Charge 05/06/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b>	<b>PAYEE</b> (a) Payee name Houston Young Republicans	(b) Payee address; City, State, Zip Code 875 North Eldridge Pkwy Apt 316 Houston, TX 77079	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b> (a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>6</b>	<b>PAYMENT</b> (a) Amount Charged \$79.00	(b) Date of Charge 05/15/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b>	<b>PAYEE</b> (a) Payee name TexasGop.org	(b) Payee address; City, State, Zip Code 807 Brazos St Austin, TX 78701	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b> (a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>6</b>	<b>PAYMENT</b> (a) Amount Charged \$79.00	(b) Date of Charge 05/15/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b>	<b>PAYEE</b> (a) Payee name TexasGop.org	(b) Payee address; City, State, Zip Code 807 Brazos St Austin, TX 78701	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b> (a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 23/24 Rpt: 61/64	<b>2</b> FILER NAME Friends of Tom Oliverson	<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b>	<b>CREDIT CARD ISSUER</b> Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b>	<b>PAYMENT</b> (a) Amount Charged \$5,648.42	(b) Date of Charge 05/15/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b>	<b>PAYEE</b> (a) Payee name The Rk Culinary Group	(b) Payee address; City, State, Zip Code 900 East Market St San Antonio, TX 78205	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b> (a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Convention Sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b>	(a) Amount Charged \$575.00	(b) Date of Charge 05/13/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name American Legislative Exchange	(b) Payee address; City, State, Zip Code 1101 Vermont Ave North West Fl 11 Washington, DC 20005	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Event Tickets	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,056.30	(b) Date of Charge 05/26/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Grand Hyatt	(b) Payee address; City, State, Zip Code 600 East Market St San Antonio, TX 78205-2600	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Officeholder Lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 24/24 Rpt: 62/64	<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$493.97	(b) Date of Charge 02/20/2024	(c) Date(s) Credit Card Issuer Paid 04/03/2024
<b>7</b> PAYEE	(a) Payee name Southwest Airlines	(b) Payee address; City, State, Zip Code Po Box 36611 Dallas, TX 75235	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign Staff Airfare
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 63/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Date 04/13/2024	<b>5</b> Name of person from whom amount is received HotelReservations.com	<b>8</b> Amount (\$) \$2,240.28
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Bellevue, WA 98004	
	<b>7</b> Purpose for which amount is received Cancellation of Staff Lodging - Refunded to Credit Card	<input type="checkbox"/> Check if political contribution returned to filer

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

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/1 Rpt: 64/64
<b>2</b> FILER NAME Friends of Tom Oliverson		<b>3</b> Filer ID (Ethics Commission Filers) 00080011
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  04/11/2024  04/11/2024	<b>7</b> Name of person(s) traveling Crownover, Scott	
	<b>8</b> Departure city or name of departure location Austin, TX	
	<b>9</b> Destination city or name of destination location Nashville, TN	
<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Campaign Staff Airfare To Attend NCOIL	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  04/08/2024  04/08/2024	Name of person(s) traveling Wilson, Molly	
	Departure city or name of departure location Austin, TX	
	Destination city or name of destination location Fort Lauderdale, FL	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Campaign Staff Airfare For Fundraiser	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  04/11/2024  04/11/2024	Name of person(s) traveling Wilson, Molly	
	Departure city or name of departure location Austin, TX	
	Destination city or name of destination location Nashville, TN	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Campaign Staff Airfare to Attend NCOIL	