FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082357 3 COMMITTEE NAME **OFFICE USE ONLY** #PROJECTREDTX Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10 N Caddo St. #108 Date Hand-delivered or Date Postmarked Change of Address Cleburne, TX 76033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Patrick NAME NICKNAME LAST **SUFFIX** Hamilton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 10 Caddo St. #108 STREET **ADDRESS** (Residence or Business) Cleburne, TX 76033 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX			00082357	,
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Adelina Trigo County Commis	ssioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	175,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	259,206.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	599,605.85
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	ı			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Patrio	ck Hamilton	
		Signature of Ca	ımpaign Treası	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

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12					1	
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	#PROJECTREDTX				00082357	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Adelina Trigo County Commiss	ioner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Al Flores County Commissione	r	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Alberto Olivares Sheriff		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	#PROJECTREDTX				00082357	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Aleida Lopez Luera Tax Assess	or/Collector	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Aleida Lopez Luera Tax Assess	or/Collector	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Alejandro Torres Justice of the	Peace	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		Assisted (Identify by name or, if				

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										Г	age 5 oi	103
12	COMMITTEE NAME							13 Filer ID	(E	thics Cor	mmission F	ilers)
	#PROJECTREDTX							0008235	7			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed Bia	anca Matth	ews Cou	nty Comn	nissioner				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed								
			B. Opposed	d								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed He	ector Rodriç	guez Cou	nty Cons	table				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed								
			B. Opposed	d								
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed Bo	bby Saenz	County	Commiss	ioner				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte									
			B. Opposed	d								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
		(Identify by name or, if										

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12 COMMITTEE NAME #PROJECTREDTX		13 Filer ID (Ethics Commission Filers) 00082357
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.	A. Supported Carlos de los Santos Cou	nty Commissioner
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.	A. Supported Cesar Urias County Cons	table
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.	A. Supported Cher Montalvo Tax Asses	ssor/Collector
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

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12 COMMITTEE NAME #PROJECTREDTX			13 Filer ID 00082357	(Ethics Commission Filers)
#PROJECTREDTX			00062337	
14 COMMITTEE 1. Candidate (Identify by name applicable, classif	or, if	Chuck Veih Justice of the Peace		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measures (Describe by date location of election ature of issue.)	and			
	B. Opposed			
Officehold Assisted (Identify by name applicable, classife)	or, if			
COMMITTEE 1. Candidate	as A Supported C	Claudia Alcazar Tax-Assessor/Co	olloctor	
ACTIVITY (Identify by name		Ciaudia Alcazai Tax-Assessoi/Co	ollector	
applicable, classif	y by party.)			
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measures (Describe by date location of electionature of issue.)	and			
	B. Opposed			
3. Officehold Assisted (Identify by name	or, if			
applicable, classif	y by party.)			
COMMITTEE ACTIVITY 1. Candidate (Identify by name applicable, classif	or, if	Earl Heath County Constable		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures	A. Supported			
(Describe by date location of electionature of issue.)	and			
	B. Opposed			
Officehold Assisted (Identify by name applicable, classif	or, if			
applicable, classii	, o _j , party.)			

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		Page 8 01 103
12 COMMITTEE NAME #PROJECTREDTX		13 Filer ID (Ethics Commission Filers) 00082357
#PROJECTREDTA		00062337
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p		ole
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by p	party.)	
COMMITTEE 1. Candidates	A. Supported Elisa Torres County Comm	niccionor
A OTI) (IT) (lissionei
applicable, classify by p	party.)	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if		
applicable, classify by p		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by particular)	A. Supported Esequiel Trevino County C	constable
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures	A. Supported	
(Describe by date and location of election and nature of issue.)		
	B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by p	narty)	
applicable, classily by t	9-4-19-19	

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Estella McKee County Chairma	n	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and location of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Ezequiel Jurado County Consta	hle	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Ezequier our data Godinky Gorista		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and location of sissue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Estella McKee County Chairma	n	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer	r ID	(Ethics Commission Filers)
#PROJECTREDTX				000	82357	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Ezequiel Jurado Sherit	f		
paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Florencio Calderon Co	nstable		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Francisco Ramirez Co	unty Commissior	ner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX			00082357	
ACTIVITY (Identify applicable)	by name or, if e, classify by party.)	ed Gilbert Garcia Constable		
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose			
	e by date and of election and	ed		
	B. Oppose	d		
Ass (Identify	ceholders sisted by name or, if e, classify by party.)			
ACTIVITY (Identify)	ndidates A. Support by name or, if e, classify by party.)	ted Guy Baker Sheriff		
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	d		
	e by date and of election and issue.)			
	B. Oppose	d		
Ass (Identify I	ceholders sisted by name or, if e, classify by party.)			
ACTIVITY (Identify I	ndidates A. Support by name or, if e, classify by party.)	ed J Miller Meyer County Consta	ble	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	d		
2. Mer (Describe location of nature of	e by date and of election and	ed		
	B. Oppose	d		
Ass (Identify	ceholders sisted by name or, if e, classify by party.)			
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12	COMMITTEE NAME					
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
-	#PROJECTREDTX				00082357	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jesus Rami Martinez Tax Asses	ssor/Collector	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jimmy Manrrique Sheriff		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joe Mata County Commissioner	-	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX					00082357	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jose Betancourt	Sheriff		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joseph Baker Sh	eriff		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Juan Gonzalez C	ounty Commiss	sioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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	COMMITTEE NAME					1	
7						13 Filer ID	(Ethics Commission Filers)
	#PROJECTREDTX					00082357	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kevin Conner	Tax-Assessor/Co	llector	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kira Sanchez	County Attorney		
1	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marcos Jake N	McKinney County	Commissioner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Maricar Chattler Tax Assessor/	Collector	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A Supported	Marisol Skelton County Attorney		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Manson Skellon County Allome	у	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Marissa Sepulveda County Con	nmissioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12 COMMITTEE NAME #PROJECTREDTX			13 Filer ID 00082357	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party		odriguez Sheriff	00002001	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party	.)			
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party		ay Tax-Assessor/Collect	or	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party	.)			
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party		alanda Justice of the Pe	eace	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party	.)			
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Norman Esquivel Jr. County C	constable	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Pancho Ramirez County Com	missioner	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Paul Anders County Commiss	ioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
ACTIVITY	Candidates Identify by name or, if applicable, classify by party.)		Princess Gonzalez Justice of the	e Peace	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)				
COMMITTEE 1	1. Candidates	A. Sunnorted	Rhonda Vigil County Chairman		
ACTIVITY	Identify by name or, if applicable, classify by party.)		Tolonda Vigil County Chairman		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)				
COMMITTEE 1	1. Candidates Identify by name or, if applicable, classify by party.)	A. Supported	Ricardo Alejandro County Comr	missioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)				
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Richard Kirkpatrick Sheriff		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Robert Saenz County Commis	sioner	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Trobert Gaenz Godniy Gominic	Sioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Robert Lopez Jr. County Comn	nissioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC **ADDENDUM**

		Page 20 of 103
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
#PROJECTREDTX		00082357
14 COMMITTEE ACTIVITY 1. Candidate (identify by name applicable, classify)	or, if	eriff
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date location of election nature of issue.)	and	
	B. Opposed	
3. Officehold Assisted (Identify by name applicable, classify	or, if	
COMMITTEE ACTIVITY 1. Candidate (Identify by name applicable, classify	or. if	ssessor/Collector
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date location of election nature of issue.)	and n and	
	B. Opposed	
3. Officehold Assisted (Identify by name applicable, classify	or, if	
COMMITTEE ACTIVITY 1. Candidate (Identify by name applicable, classify	or, if	Attorney
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date location of election nature of issue.)	and	
	B. Opposed	
Officehold Assisted (Identify by name applicable, classify)	or, if	
	1	

FORM GPAC ADDENDUM

Page 21 of 103

				1 age 21 61 100
12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
#PROJECTREDTX				00082357
ACTIVITY (Id	. Candidates dentify by name or, if pplicable, classify by party.)		Servando Wolf Garza Jr. Tax	Assessor/Collector
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(C lo	. Measures Describe by date and cation of election and ature of issue.)	A. Supported		
		B. Opposed		
(lo	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)			
ACTIVITY (Id	. Candidates dentify by name or, if pplicable, classify by party.)		Thaddeus Cleveland SHERIF COLLECTOR	F/COUNTY TAX ASSESSOR-
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(C lo	Describe by date and cation of election and ature of issue.)	A. Supported		
		B. Opposed		
(lo	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)			
ACTIVITY (10	. Candidates dentify by name or, if pplicable, classify by party.)		TJ Perkins Sheriff	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(E lo	. Measures Describe by date and cation of election and ature of issue.)	A. Supported		
		B. Opposed		
(lo	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)			

FORM GPAC **ADDENDUM**

							22 01 103
					13 Filer ID	(Ethics Commis	ssion Filers)
					00082357	7	
1. Candidates (Identify by name or, if applicable, classify by party.)		Vickie Vala	adez Tax A	Assessor/Co	ollector		
	B. Opposed						
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
	B. Opposed						
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
 		Wanda Cı	uollar Caro	in Shoriff			
		wanua Ci	uellal Galc	ia Siletili			
	B. Opposed						
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
	B. Opposed						
3. Officeholders Assisted							
(Identify by name or, if applicable, classify by party.)							
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Wanda C B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Wanda Cuellar Garci Wandia Cuellar Garci W	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Wanda Cuellar Garcia Sheriff B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if leading to the party of	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Wanda Cuellar Garcia Sheriff B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Wanda Cuellar Garcia Sheriff (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported J. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed J. Candidates (Identify by name or, if applicable of issue.) B. Opposed J. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				J V L I V O	23 of 103
l		EE NAME TREDTX	18 Filer ID 00082357	(Ethics Cor	mmission Filers)
19 SCI NAI	HEDULE ME OF S	SUBT	OTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	150,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	25,000.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	259,206.22
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
I					

ONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
e Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 24/103
ER NAME			3 Filer ID (Ethics Commission Filers) 00082357
te /17/2024	 Full name of contributor	C (ID#:)	7 Amount of Contribution (\$)
	Austin, TX 78738		
ncipal occu	ppation / Job title (See Instructions)	9 Employer (See Instructio	ns)
i F	e Instru ER NAME ROJECTI e 17/2024	e Instruction Guide explains how to complete ER NAME ROJECTREDTX e	ROJECTREDTX e 5 Full name of contributor

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 25/103		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	#PROJECTREDTX				00082357		
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)		
l	05/24/2024		Baldwin Risk Partners		\$25,000.00		
		6	Corporation / Labor Organization address; City; State; Zip Code	1			
			Tampa, FL 33607				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/78 Rpt: 26/103	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/30/2024	7 Days Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$60.95	503 N US Highway 83
— Foresedit we from	
Expenditure from corporate funds	Zapata, TX 78076
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
	Traver Wear of Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/30/2024	7 Days Express
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	
Φ0.99	503 N US Highway 83
Expenditure from corporate funds	Zapata, TX 78076
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
05/01/2024	7-Eleven
Amount (\$)	Payee address; City; State; Zip Code
\$63.29	19525 MCDONALD St
Expenditure from corporate funds	Lytle, TX 78052
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/78 Rpt: 27/103	#PROJECTREDTX	00082357
4 Date	5 Payee name	•
03/22/2024	7-Eleven	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$52.60	1610 S F St	
— Former diture from		
Expenditure from corporate funds	Harligen, TX 78550	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Fuel for Staff
		Haver Fuer for Stall
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		Office field
Date	Davida nama	
05/01/2024	Payee name 7-Eleven	
Amount (\$) \$1.99	Payee address; City; State; Zip Cod 19525 MCDONALD ST	e
\$1.99	19325 MCDONALD ST	
Expenditure from	L II. TV 70050	
corporate funds	Lytle, TX 78052	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Meal for Staff
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/19/2024	ALON	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$12.62	540 N. Main	
Expenditure from corporate funds	Trent, TX 79561	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Travel Fuel for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/78 Rpt: 28/103	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/19/2024	ALON
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.43	540 N. Main
Expenditure from corporate funds	Trent, TX 79561
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel Fuel for Staff
	Traverr derior Stair
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/19/2024	ALON
Amount (\$)	Payee address; City; State; Zip Code
\$12.62	540 N. Main
Expenditure from corporate funds	Trent, TX 79561
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	'
Date	Payee name
03/03/2024	Apple
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	1 Apple Park Way
X Expenditure from corporate funds	Cupertino, CA 95014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/78 Rpt: 29/103	#PROJECTREDTX 00082357
4 Date	5 Davida nama
	5 Payee name
06/03/2024	Apple
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	1 Apple Park Way
X Expenditure from	Cuparting CA 0F014
corporate funds	Cupertino, CA 95014
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Data	B
Date	Payee name
06/03/2024	Apple
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	1 Apple Park Way
X Expenditure from	Curporting CA 0F014
corporate funds	Cupertino, CA 95014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
Ext. Ext. 1014	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
05/03/2024	Apple
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	1 Apple Park Way
Expenditure from corporate funds	Cupertino, CA 95014
corporate rands	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/78 Rpt: 30/103	#PROJECTREDTX 00082357
-	
4 Date	5 Payee name
04/03/2024	Apple
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	1 Apple Park Way
·	
X Expenditure from	Cupartina CA 0E014
— corporate failes	Cupertino, CA 95014
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Software
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/20/2024	Baffin Bay Seafood
Amount (\$)	Payee address; City; State; Zip Code
\$53.95	1294 E County Rd 2360
Expenditure from	
corporate funds	Riviera, TX 78379
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/22/2024	Belmont Conv. & BBQ
Amount (\$)	Payee address; City; State; Zip Code
\$58.50	18484 N State Hwy
Expenditure from	Belmont, TX 78629
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memoria Legal Services The Instruction	·		ages/	/Contract Labor		Travel Out of D OTHER (enter a	a category not listed above)
1 7	Total pages Schedule F1:	2	FII FR NAME		-		-		3	Filer ID	(Ethics Commission Filers)
	Sch: 6/78 Rpt: 31/103	-	#PROJECT							00082357	(
	<u> </u>	F									
	Date	5	Payee name								
	03/14/2024	L	Best Buy								
6 A	Amount (\$)	7	Payee addre		State	; Zip Co	de				
	\$64.93		1201 Barba	ra Jordan							
_	Expenditure from										
Х	corporate funds		Austin, TX	78723							
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			head/Rental E				=			mplete Schedule T.
								_		officeholder livin	ng expense
								Office Supplie	55		
0	Complete ONII V If allows at	L	Condidate /Off	00hold = "		Office and	ab.			O#:!	and d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	ynt			Office h	ieiu
	Date		Payee name								
	06/18/2024		Bienvenido	5							
P	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$28.61		405 W Dick	inson							
_	Evpanditura from										
	Expenditure from corporate funds		Fort Stockto	on, TX 78735							
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			age Expense				=			mplete Schedule T.
								_		officeholder livin	ng expense
								Travel Meal fo	or S	วเลแ	
_	Complete ONE V. E. Hins.	<u>L</u>	Danadialata IO			O#:00	a. la 4			Office 1	a a lad
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	ynt			Office h	ieiu
	·	_									
	Date		Payee name								
	02/29/2024	L	CORE PAC								
P	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$1,000.00		Box 17254								
	Foregoed to the first										
	Expenditure from corporate funds		Ft Worth, T	X 76102							
	PURPOSE	(a)	Category (Si	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	ٔ ا	Contribution	ns/Donations N	1ade By	,	-		outsi	de of Texas. Cor	mplete Schedule T.
	LAFEINDITURE			Officeholder/Po		nittee		ш	, TX,	officeholder livin	ng expense
								Contribution			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	Apenditure to beliefft C/O	' '									
_											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/78 Rpt: 32/103	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/16/2024	ChatGPT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.28	3180 18th St
Expenditure from corporate funds	San Francisco, CA 94110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/O	
Date	Payee name
06/12/2024	Cher Montalvo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	13850 CONLEY ROAD
·	
Expenditure from corporate funds	Raymondville, TX 78580
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
03/21/2024	Chili's
Amount (\$)	Payee address; City; State; Zip Code
\$18.95	1725 W Tyler Ave
,	
Expenditure from corporate funds	Harlingen, TX 78550
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/0	•

SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 8/78 Rpt: 33/103	#PROJECTREDTX 00082357
4 Date	5 Payee name
03/21/2024	Circle K
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.40	525 S 14th St.
Expenditure from	
corporate funds	Kingsville, TX 78363
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/11/2024	Condolences
Amount (\$)	Payee address; City; State; Zip Code
\$104.98	2326 Washington Blvd Ste 303
X Expenditure from corporate funds	Ogden, UT 84401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Floral Arragement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
03/22/2024	Cracker Barrel
Amount (\$)	Payee address; City; State; Zip Code
\$19.19	110 Bass Pro Dr.
Expenditure from corporate funds	Harligen, TX 78550
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description [Chock if travel outside of Toyas, Complete Schedule Toyas, Com
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
	Travel Medi for Staff
Complete CNII V if aliat	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/78 Rpt: 34/103	#PROJECTREDTX 00082357
4 Date	5 Payee name
03/21/2024	Denny's
	· ·
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$34.08	1875 N Expressway
Expenditure from	
corporate funds	Brownsville, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/12/2024	Dropbox
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$127.79	1800 Owens St
Evponditure from	
X Expenditure from corporate funds	San Francisco, CA 94158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/20/2024	ERAC Toll
Amount (\$)	Payee address; City; State; Zip Code
\$13.78	1505 N Main St
Expenditure from	
corporate funds	Cleburne, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Toll Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
03/13/2024	ERAC Toll
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.89	1505 N Main St
- "	
Expenditure from corporate funds	Cleburne, TX 76033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Toll Fees
	10111 663
O Commission ONII V if diment	Constitute / Office helder mores Office accords
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
03/18/2024	ERAC Toll
Amount (\$)	Payee address; City; State; Zip Code
\$6.89	1505 N Main St
Expenditure from corporate funds	Cleburne, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/29/2024	Enterprise Rent a Car
Amount (\$)	Payee address; City; State; Zip Code
\$533.11	1505 N Main St
Expenditure from corporate funds	Cleburne, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Car Rental
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/78 Rpt:	#PROJECTREDTX 00082357
-	
4 Date	5 Payee name
02/29/2024	Enterprise Rent a Car
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$291.39	1505 N Main St
Expenditure from	Cleburne, TX 76033
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Car Rental
	Cai Nentai
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
03/01/2024	Fischer Law
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$700.00	430 Old Fitzhugh #7
Expenditure from	
x corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Legal Services
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Legal Consulting Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
06/17/2024	Frontier Bank
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	5600 Burnet Rd
Expenditure from	
corporate funds	Austin, TX 78756
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
Sch: 12/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
02/29/2024	Frontier Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	5600 Burnet Rd	
Expenditure from corporate funds	Austin, TX 78756	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Bank Fee	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/10/2024	Gary Seven	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,200.00	1108 Lavaca St #110-708	
X Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense PAC Management	
	17.0 Wanagement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
06/10/2024	Gary Seven	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,200.00	1108 Lavaca St #110-708	
Ψ0,200.00	1100 Lavada St // 110 700	
X Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
	Check if Austin, TX, officeholder living expense	
	PAC Management	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
3		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
Sch: 13/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
05/10/2024	Gary Seven	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,200.00	1108 Lavaca St #110-708	
φ3,200.00	1100 Lavada 31 #110-700	
X Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
LA LIBITORE	Check if Austin, TX, officeholder living expense	
	PAC Management	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/23/2024	Gary Seven	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,550.00	1108 Lavaca St #110-708	
X Expenditure from corporate funds	Austin, TX 78701	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	PAC Management	
	17.0 management	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
06/15/2024	Gary Seven	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	1108 Lavaca St #110-708	
X Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Rent	
Commission ONU V. V. V.	Condidate/Officeholder norse	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
21.12.21.21.23.23.20.20.10.11.20.20.1		
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/15/2024	Gary Seven
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1108 Lavaca St #110-708
Expenditure from corporate funds	Austin, TX 78701
— corporate fands	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Rent
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	
Date	Payee name
04/15/2024	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1108 Lavaca St #110-708
,	
X Expenditure from	Austin TV 70701
corporate funds	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Rent
	Kent
0 1: 0 1: 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxponditure to bonent eye	
Date	Payee name
03/15/2024	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1108 Lavaca St #110-708
Ψ2,000.00	
X Expenditure from	A T.V. 70704
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/24/2024	Gary Seven
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	1108 Lavaca St #110-708
X Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Translation
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/15/2024	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1108 Lavaca St #110-708
Expenditure from corporate funds	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Translation
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/18/2024	GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$72.32	2155 E Warner Rd
X Expenditure from corporate funds	Tempe, AZ 85282
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/20/2024	GoDaddy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$173.14	2155 E Warner Rd
X Expenditure from corporate funds	Tempe, AZ 85282
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/20/2024	GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$35.16	2155 E Warner Rd
Ψ00.10	2100 L Wallet Na
X Expenditure from corporate funds	Tempe, AZ 85282
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Check if Austin, TX, officeholder living expense
	Software
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/02/2024	GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$102.21	2155 E Warner Rd
X Expenditure from corporate funds	Tempe, AZ 85284
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Web Domain Sev
	vven Domain Sev
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to beliefft C/O	··
<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 17/78 Rpt:	#PROJECTREDTX		00082357
4 Date	5 Payee name		'
03/11/2024	GoDaddy		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$103.79	2155 E Warner Rd		
Expenditure from corporate funds	Tempe, AZ 85284		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense Web Domain Sev
			Web Domain Sev
9 Complete ONLY if direct	Candidate/Officeholder name Office so	nuaht	Office held
expenditure to benefit C/Ol		Jugiit	Office field
Date	Davis asses		
03/15/2024	Payee name HEB		
) and a	
Amount (\$)	Payee address; City; State; Zip C	oae	
\$62.03	1207 Main Street		
Expenditure from	0.4 11 TV 70500		
corporate funds	Gatesville, TX 76528		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Travel Fuel for Staff
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
06/18/2024	Hampton Inn		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$251.49	2219 N Bedell Ave		
Expenditure from corporate funds	Del Rio, TX 78840		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			Lodging
Complete ONLY if direct	Candidate/Officeholder name	nught	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	uynt	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/19/2024	Hampton Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$192.71	2271 W I 10
Expenditure from corporate funds	Fort Stockton, TX 79735
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2024	Hampton Inn
Amount (\$)	Payee address; City; State; Zip Code
\$220.07	2714 E. Main Street, Highway 90
Expenditure from corporate funds	Uvalde, TX 78801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2024	Hampton Inn
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$130.45	659 North Baylor Avenue
Expenditure from corporate funds	Cotulla, TX 78014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Lodging
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.	OTTLER (enter a category not listed above)	
1 Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filer	rs)
Sch: 19/78 Rpt:	#PROJECTREDTX		00082357	-,
4 Date	5 Payee name			
03/21/2024	Hampton Inn			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$131.62	2489 S US Hwy 77			
Expenditure from corporate funds	Kingsville, TX 78363			
8 PURPOSE OF	, (************************************	(b) Description		
EXPENDITURE	Travel In District		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		Lodging	i, ix, onecholder living expense	
		3 3		
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held	
expenditure to benefit C/OI		,,,,	Office field	
D-1-				
Date	Payee name			
03/22/2024	Hilton Garden Inn			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$191.54	751 Harlingen Heights			
Expenditure from				
corporate funds	Harligen, TX 78552			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District		outside of Texas. Complete Schedule T.	
EXPENDITORE		ш	n, TX, officeholder living expense	
		Lodging		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ıht	Office held	
experialiture to benefit C/Oi	'			
Date	Payee name			
06/03/2024	Install Connect			
Amount (\$)	Payee address; City; State; Zip Cod	le		
\$1,500.00	505 W State St.			
Expenditure from corporate funds	Garland, TX 75040			
PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		outside of Texas. Complete Schedule T.	
EXPENDITURE	Consulting Expense	-	n, TX, officeholder living expense	
		Sign Installa	tion	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held	
expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/22/2024	Install Connect
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	505 W State St
Expenditure from corporate funds	Garland, TX 75040
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Sign Installation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/02/2024	Install Connect
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 1383
Expenditure from corporate funds	Monahans, TX 79756
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Sarah Stogner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious ever	
Date	Payee name
04/16/2024	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center PI
X Expenditure from corporate funds	Tuscon, AZ 85707
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUBE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 21/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/10/2024	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center Pl
X Expenditure from corporate funds	Tuscon, AZ 85707
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/16/2024	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center Pl
X Expenditure from corporate funds	Tuscon, AZ 85707
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software
	Sultware
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	
Date	Payee name
05/10/2024	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center PI
X Expenditure from corporate funds	Tuscon, AZ 85707
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
onponentare to benefit 0/0	
	11. 0

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1: Sch: 22/78 Rpt:	2 FILER NAME #PROJECTREDTX	3 Filer ID (Ethics Commission Filers) 00082357
4 Date 05/16/2024	5 Payee name Intuit	1
6 Amount (\$) \$31.98	7 Payee address; City; State; Zip Coo 2801 E Commerce Center PI	de
Expenditure from corporate funds	Tuscon, AZ 85707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office souç	yht Office held
Date 04/10/2024	Payee name Intuit	
Amount (\$) \$31.98	Payee address; City; State; Zip Cod 2801 E Commerce Center Pl	de
X Expenditure from corporate funds	Tuscon, AZ 85707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	yht Office held
Date 03/10/2024	Payee name Intuit	
Amount (\$) \$31.98	Payee address; City; State; Zip Cod 2801 E Commerce Center Pl	de
Expenditure from corporate funds	Tuscon, AZ 85707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 23/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
03/16/2024	Intuit	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$31.98	2801 E Commerce Center PI	
Expenditure from		
corporate funds	Tuscon, AZ 85707	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Software	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	н	
Date	Payee name	
03/22/2024	Longhorn Cattle Company	
Amount (\$)	Payee address; City; State; Zip Code	
\$70.83	3055 W Expressway 83	
Expenditure from		
corporate funds	San Benito, TX 78586	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Travel Meal for Staff	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experioration benefit C/O		
Date	Payee name	
05/01/2024	Millie's Mexican Restaraunt	
Amount (\$)	Payee address; City; State; Zip Code	
\$17.24	16777 S Interstate Highway 35	
Expenditure from		
corporate funds	Dilley, TX 78017	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Travel Meal for Staff	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	л	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/26/2024	Murphy Nasica
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$562.47	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
— corporate fands	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Stationary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/O	
·	
Date	Payee name
05/15/2024	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$285.78	PO Box 1648
¥200.10	1 0 20X 20 10
X Expenditure from	A T. V 70707
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/O	
Date	Payee name
03/20/2024	Murphy
Amount (\$)	Payee address; City; State; Zip Code
\$63.36	1133 General Cavazos
φυ3.30	1100 Ocherai Cavazus
Expenditure from	
corporate funds	Kingsville, TX 78363
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
4 7 1 0 1 1 5		_
1 Total pages Schedule F1:		
Sch: 25/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/16/2024	Norton	
		_
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$205.65	350 Ellis St.	
X Expenditure from corporate funds	Mountain View, CA 94043	
corporate rands		_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Software	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
D-4-	T _	_
Date	Payee name	
03/16/2024	Pack n Mail	
Amount (\$)	Payee address; City; State; Zip Code	
\$106.07	10 N Caddo St	
7200.01		
Expenditure from		
corporate funds	Cleburne, TX 76031	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Shipping	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
-		_
Date	Payee name	
06/12/2024	Paul Anders Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
()		
\$100.00	13850 Conley Road	
Expenditure from		
corporate funds	Raymondville, TX 78580	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
	Campaign Continuation	
		_
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
4 Tatal manage Calcadala E4	· · · · · · · · · · · · · · · · · · ·	_
1 Total pages Schedule F1:		
Sch: 26/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/29/2024	QT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$76.79	5615 Wt Montgomery Rd	
Expenditure from corporate funds	San Antonio, TX 78252	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
_//	Check if Austin, TX, officeholder living expense	
	Travel Fuel for Staff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
04/29/2024	QT	
Amount (\$)	Payee address; City; State; Zip Code	_
\$75.66		
₹75.00	1405 Corsicana Hwy	
Expenditure from		
corporate funds	Hillsboro, TX 76645	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Travel Fuel for Staff	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	_
06/16/2024	QT	
Amount (\$)		
\$4.13	1405 Corsicana Hwy	
Expenditure from		
corporate funds	Hillsboro, TX 76640	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Travel Meal for Staff	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Forms provided by Tayas F	thics Commission was athics state ty us Version V/ 1.0 d278ab	

SCHEDULE F1

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/17/2024	QT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.29	5615 Wt Montgomery Rd
Expenditure from	San Antonio, TX 78252
corporate funds	San Antonio, 17 70232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LXI ENDITORE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/29/2024	QT
Amount (\$)	Payee address; City; State; Zip Code
\$2.78	5615 Wt Montgomery Rd
Ψ2.70	5616 Williams Nu
Expenditure from	
corporate funds	San Antonio, TX 78252
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•
	•
Date	Payee name
04/29/2024	QT
Amount (\$)	Payee address; City; State; Zip Code
\$2.78	1405 Corsicana Hwy
Expenditure from corporate funds	Hillsboro, TX 76645
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/19/2024	Quick Track
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	800 N Grandview Ave
Expenditure from corporate funds	Odessa, TX 79761
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
O Complete CAU V if direct	Condidate/Officeholder name Office cought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/19/2024	QuikTrip
Amount (\$)	Payee address; City; State; Zip Code
\$55.03	2978 FM 2484
Expenditure from	
corporate funds	Salado, TX 76571
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
Complete ONLY if direct	Condidate/Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/19/2024	QuikTrip
Amount (\$)	Payee address; City; State; Zip Code
\$55.03	2978 FM 2484
Expenditure from	
corporate funds	Salado, TX 76571
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel Fuel for Staff
	Haver Fuel IVI Stall
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 29/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/04/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Graphics
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Craphica
	Graphics
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye.	
Date	Payee name
06/06/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from	Austin, TX 78767
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to Adelina
	Trigo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 30/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
06/06/2024	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Alberto	
	Ramon Olivares	
	Namon Silvares	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
` '		
\$1,250.00	PO Box 793	
Expenditure from		
corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to Aleida	
	Lopez Luera	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/04/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Ψ1,200.00	1 6 26% 100	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to	
	Alejandro (Alex) Torres	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/04/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Creation (Durch course) Lind contribution to Diopage
	Graphics/Pushcards: In-kind contribution to Bianca Matthews
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Ψ1,230.00	1 O BOX 733
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Creation (Durch course) It lies a contribution to Dilly
	Graphics/Pushcards: In-kind contribution to Billy Martin
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/06/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense
	Graphics/Pushcards: In-kind contribution to Carlos
	de los Santos
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 32/78 Rpt:	#PROJECTREDTX 00082357		
4 Date	5 Payee name		
06/06/2024	Raven Public Affairs		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
- 10.			
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution to Cesario		
	Urias		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/04/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution to Cher Montavalo		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
<u> </u>			
Date	Payee name		
04/04/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution to Claudia M. Alcazar		
Complete CNII V if alia	Condidate/Officeholder name Office cought		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category no	t listed above)	
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics C	Commission Filers)	
Sch: 33/78 Rpt:	#PROJECTREDTX 00082357		
4 Date	5 Payee name		
04/04/2024	Raven Public Affairs		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense	ule T.	
LAFLINDITORL	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contrib	ution to Earl	
	Heath		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experiditure to beriefit C/Oi	Jn		
Date	Payee name		
06/06/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense	ule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contrib	ution to Elisa	
	Tolles		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit 6/01			
Date	Payee name		
04/04/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Advertising Expense Check if travel outside of Texas. Complete Sched	ule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution	ution to Esequiel	
	Trevino		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
		I	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 34/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/04/2024	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Estella	
	McKee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Craphics (Push cords) In kind contribution to Execute	
	Graphics/Pushcards: In-kind contribution to Ezequiel Jurado	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
41,200.00	1 6 Box 166	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to Florencio Calderon	
Complete ONLY If allow		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 35/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/04/2024	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
- "		
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to	
	Francisco (Pancho) Ramirez	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/04/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to Gilbert	
	Garcia Garcia	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	_
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,250.00	PO Box 793	
Ψ1,230.00	1 0 800 733	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Hector	
	Rodriguez	
Commission ONII V if dispose		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/06/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to J Miller Meyer
	moyer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to Jesus Rami Martinez
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2024	Raven Public Affairs
Amount (\$)	
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to Joe Mata
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Polling Expense Travel in Distric

Printing Expense Travel Out of Di
Salaries/Wages/Contract Labor OTHER (enter a

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commiss	sion Filers)
Sch: 37/78 Rpt: #PROJECTREDTX 00082357	
4 Date 5 Payee name	
06/06/2024 Raven Public Affairs	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$1,250.00 PO Box 793	
Expenditure from corporate funds Austin, TX 78767	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	_
Graphics/Pushcards: In-kind contribution t Juan Betancourt	o Jose
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
04/04/2024 Raven Public Affairs	
Amount (\$) Payee address; City; State; Zip Code	
\$1,250.00 PO Box 793	
Expenditure from	
Corporate funds Austin, TX 78767	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule T	
EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Graphics/Pushcards: In-kind contribution t	o Joseph
"Guy" Baker	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
04/04/2024 Raven Public Affairs	
Amount (\$) Payee address; City; State; Zip Code	
\$1,250.00 PO Box 793	
Expenditure from corporate funds Austin, TX 78767	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Graphics/Pushcards: In-kind contribution t Gonzalez	o Juan
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
ospondituro to ponditi orom	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica		abor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 38/78 Rpt:	#PROJECTREDTX	00082357
4 Date	5 Payee name	•
06/06/2024	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
·		
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE	ļ <u> </u>	tion
OF		k if travel outside of Texas. Complete Schedule T.
EXPENDITURE		k if Austin, TX, officeholder living expense
		ics/Pushcards: In-kind contribution to Kevin
	Conne	r
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
04/04/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
OF EXPENDITURE	7 Advertising Expense	k if travel outside of Texas. Complete Schedule T.
	I 📙	k if Austin, TX, officeholder living expense ics/Pushcards: In-kind contribution to Kira
		Sanchez
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	Office field
Doto	D	
Date 06/06/2024	Payee name Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
OF		k if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Chec	k if Austin, TX, officeholder living expense
	Graphi Chattle	ics/Pushcards: In-kind contribution to Maricar
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 39/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/06/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to Marisol Skelton
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Creation (Durch course) Lind contribution to Malines
	Graphics/Pushcards: In-kind contribution to Melissa Sepulveda
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
\$1,250.00	FO BOX 193
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Creation (Duals course) Lind contribution to Microsoft
	Graphics/Pushcards: In-kind contribution to Miguel Rodriguez
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 40/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/06/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to Myrna Ruiz Kay
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Craphics (Duch cords) In kind contribution to Norma
	Graphics/Pushcards: In-kind contribution to Norma Salanda
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
\$1,250.00	FO BOX 193
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind contribution to Norman Esquivel Jr.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/04/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Paul
	Anders
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Princess
	Gonzalez
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/04/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Rhonda
	Vigil
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 42/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/04/2024	Raven Public Affairs	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Ricard Alejandro)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to Richar	4
	Kirkpatrick	,
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Cropbics/Dushoords: In kind contribution to Debort	
	Graphics/Pushcards: In-kind contribution to Robert Saenz	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica		ot Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 43/78 Rpt:	#PROJECTREDTX	00082357
4 Date	5 Payee name	•
04/04/2024	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
·		
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE		rintion
OF		ription neck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	/ Advertising Expense	neck if Austin, TX, officeholder living expense
	<u> </u>	phics/Pushcards: In-kind contribution to Roberto
	Lope	ez Jr.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	н	
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
OF EXPENDITURE	Advertising Expense	neck if travel outside of Texas. Complete Schedule T.
	ı	neck if Austin, TX, officeholder living expense Shics/Pushcards: In-kind contribution to Roger
		andez
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Cince Hold
Date	Davis same	
04/04/2024	Payee name Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
OF		neck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	☐ Ch	neck if Austin, TX, officeholder living expense
	Grap Mena	phics/Pushcards: In-kind contribution to Sabino
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
,	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 44/78 Rpt:	#PROJECTREDTX 00082357		
4 Date	5 Payee name		
04/04/2024	Raven Public Affairs		
04/04/2024			
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
<u> </u>			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution to Sarah Stogner		
	Stogner		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	1		
Date	Pouce name		
	Payee name		
04/04/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from	Auctin TV 70767		
corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution to Servando Wolf Garza Jr.		
	Servando Woli Garza Jr.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	1		
Data	Davies same		
Date	Payee name		
06/06/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	PO Box 793		
Expenditure from	Auctin TV 70767		
corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Graphics/Pushcards: In-kind contribution to Thaddeus Cleveland		
	i iliauueus Cievelaliu		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	┨		
Forms provided by Texas F	thics Commission www.ethics.state.tx.us Version.V4.1.0.d378aba		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 45/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/04/2024	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind contribution to TJ	
	Perkins	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/01	'	
Date	Payee name	
06/06/2024	Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to Vickie	
	Valadez	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Dougo nama	
04/04/2024	Payee name Raven Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Graphics/Pushcards: In-kind contribution to Wanda Cuellar Garcia	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to benone of or i		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 46/78 Rpt:	#PROJECTREDTX	00082357
4 Date	5 Payee name	<u> </u>
03/14/2024	Reach Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$500.00	PO Box 91282	
Expenditure from corporate funds	Austin, TX 78709	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
		Communications
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	7	
Date	Payee name	
03/01/2024	Reach Strategies	
Amount (\$)	Payee address; City; State; Zip Co	de
\$500.00	PO Box 91282	
Expenditure from corporate funds	Austin, TX 78709	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Communications
		Communications
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		- · · · · · · · · · · · · · · · · · · ·
Date	Payee name	
05/13/2024	Rent-A-Car	
		do.
Amount (\$) \$161.83	Payee address; City; State; Zip Co 1505 N Main St	uc
\$101.03	1505 N Maiii St	
Expenditure from		
corporate funds	Cleburne, TX 76033	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Car Rental
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 47/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/01/2024	RightSide Compliance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.00	P.O. Box 341027
X Expenditure from corporate funds	Austin, TX 78734
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Compliance Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/30/2024	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$337.50	P.O. Box 341027
Ψ007.00	1.10.200.0.12021
X Expenditure from	Auglia TV 70704
Corporate funds	Austin, TX 78734
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/28/2024	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$90.00	P.O. Box 341027
X Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
-	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 48/78 Rpt:	#PROJECTREDTX 00082357
<u> </u>	
4 Date	5 Payee name
03/07/2024	RightSide Compliance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,362.50	P.O. Box 341027
Expenditure from corporate funds	Austin, TX 78734
— corporate failus	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	a surprime sometimes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
03/07/2024	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 341027
, _,, 	
X Expenditure from	A
corporate funds	Austin, TX 78734
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit ere	
Date	Payee name
03/08/2024	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$67.50	P.O. Box 341027
Ψ07.00	
X Expenditure from	A., A., TV 70704
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
	Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 49/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/01/2024	Ross Fischer Law
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	430 Old Fitzhugh, No. 7
X Expenditure from corporate funds	Dripping Springs, TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Legal Consulting Services
	Legal Consulting Services
O Commission Chill M If all	Condidate/Office helder no rec
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/12/2024	Ross Fischer Law
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	430 Old Fitzhugh, No. 7
X Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Legal Consulting Services
	Legal Consulting Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/17/2024	Rudy's BBQ
Amount (\$)	Payee address; City; State; Zip Code
\$63.63	330 Braddie Dr
Expenditure from corporate funds	Del Rio, TX 78840
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Travel Fuel for Staff
	Haver-uction Stall
Complete CAU V if dire	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 50/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/18/2024	Rudy's BBQ
6 Amount (\$) \$63.63	7 Payee address; City; State; Zip Code 330 Braddie Dr
Expenditure from corporate funds	Del Rio, TX 78840
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/18/2024	Rudy's BBQ
Amount (\$)	Payee address; City; State; Zip Code
\$6.80	330 Braddie Dr
Expenditure from corporate funds	Del Rio, TX 78840
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel Fuel for Staff
	Traver Fuer for Staff
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/18/2024	Rudy's BBQ
Amount (\$)	Payee address; City; State; Zip Code
\$6.80	330 Braddie Dr
Expenditure from corporate funds	Del Rio, TX 78840
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/17/2024	SE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.39	108 W Military Hwy
Expenditure from	
corporate funds	Bracketville, TX 78832
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/30/2024	Shell Oil
Amount (\$)	Payee address; City; State; Zip Code
\$58.46	3165 Del Rio Blvd
Expenditure from corporate funds	Eagle Pass, TX 78852
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/30/2024	Shell Oil
Amount (\$)	Payee address; City; State; Zip Code
\$4.23	3165 Del Rio Blvd
,6	
Expenditure from corporate funds	Eagle Pass, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel Meal for Staff
	Travel Wear for Stail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.	1 above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	nission Filers)
Sch: 52/78 Rpt:	#PROJECTREDTX 00082357	•
4 Date	5 Payee name	
05/21/2024	Stafford, Judson	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,000.00	505 West State St	
Expenditure from corporate funds	Garland, TX 75040	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Sign Installation	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
06/18/2024	Subway	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.94		
\$20.0 1		
Expenditure from corporate funds	Alpine, TX 79830	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Travel Meal for Staff	
	Traver Medi for Stair	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
04/29/2024	Subway	
Amount (\$)	Payee address; City; State; Zip Code	
\$8.96	610 N Smith Ave Ste 9	
Expenditure from corporate funds	Hebbronville, TX 78361	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Travel Meal for Staff	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	5	

SCHEDULE F1

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

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

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

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

1 Total pages Schedule F1: Sch: 53/78 Rpt: #PROJECTREDTX 5 Payee name O4/30/2024 5 Value Subway 6 Amount (\$) \$6.16 Expenditure from corporate funds 7 Payee address; City; State; Zip Code 2809 East Main St. Uvalde, TX 78801 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	ion Filers)
Sch: 53/78 Rpt: #PROJECTREDTX 00082357 4 Date 04/30/2024 5 Payee name Subway Subway 6 Amount (\$) 7 Payee address; City; State; Zip Code 2809 East Main St. Expenditure from corporate funds Uvalde, TX 78801	
O4/30/2024 Subway 6 Amount (\$) 7 Payee address; City; State; Zip Code \$6.16 Expenditure from corporate funds Uvalde, TX 78801	
6 Amount (\$) 7 Payee address; City; State; Zip Code 2809 East Main St. Expenditure from corporate funds Uvalde, TX 78801	
\$6.16 2809 East Main St. Expenditure from corporate funds Uvalde, TX 78801	
\$6.16 2809 East Main St. Expenditure from corporate funds Uvalde, TX 78801	
Expenditure from corporate funds Uvalde, TX 78801	
Uvalde, TX 78801	
IX PURPLISE IIII Category to a construction and the IIII Description	
(See Categories listed at the top of this schedule)	
EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Travel Meal for Staff	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
06/18/2024 Subway	
Amount (\$) Payee address; City; State; Zip Code	
\$10.94 1102 E Holland	
\$10.94 1102 E Holland	
Expenditure from	
☐ corporate funds Alpine, TX 79830	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule I	
EXPENDITURE FOOd/Beverage Expense United it laver duside of Texas. Complete Schedule 1.	
Check if Austin, TX, officeholder living expense Travel Meal for Staff	
Traver wear for Staff	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
5.: T =	
Date Payee name	
04/30/2024 Sunoco	
Amount (\$) Payee address; City; State; Zip Code	
\$57.86 10401 N Interstate 35	
Expenditure from	
corporate funds Freer, TX 78357	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel In District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officeholder living expense	
Travel Fuel for Staff	
Operation ONLY if allow the Constitution (Office Institution Constitution Constitut	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 54/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/20/2024	Surfshark
6 Amount (\$) \$13.99	7 Payee address; City; State; Zip Code 16192 Coastal Hwy
X Expenditure from corporate funds	Lewes, DE 19958
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	Surfshark
Amount (\$)	Payee address; City; State; Zip Code
\$13.99	16192 Coastal Hwy
Expenditure from corporate funds	Lewes, DE 19958
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/20/2024	Surfshark
Amount (\$)	Payee address; City; State; Zip Code
\$13.99	16192 Coastal Hwy
Expenditure from corporate funds	Lewes, DE 19958
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

1 Total pages Schedule F1: Sch: 55/78 Rpt: #PROJECTREDTX 5 Payee name 03/20/2024 Surfshark 6 Amount (\$) \$ 13.99 The expenditure from corporate funds 8 PURPOSE OF EXPENDITURE 2 FILER NAME #PROJECTREDTX 3 Filer ID (Ethics Commission Filer 00082357 3 Filer ID (Ethics Commission Filer 00082357 5 Payee name Surfshark 5 Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Sch: 55/78 Rpt: #PROJECTREDTX 00082357 4 Date 03/20/2024 5 Payee name Surfshark 6 Amount (\$) 7 Payee address; City; State; Zip Code 16192 Coastal Hwy X Expenditure from corporate funds Lewes, DE 19958 8 PURPOSE OF Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
4 Date 03/20/2024 5 Payee name Surfshark 6 Amount (\$) 7 Payee address; City; State; Zip Code \$13.99 16192 Coastal Hwy Expenditure from corporate funds Lewes, DE 19958 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
O3/20/2024 Surfshark 6 Amount (\$) \$13.99 The payee address; City; State; Zip Code \$13.99 \$16192 Coastal Hwy Lewes, DE 19958 8 PURPOSE OF EXPENDITURE OF Office Overhead/Rental Expense OF Check if travel outside of Texas. Complete Schedule T.
6 Amount (\$) 7 Payee address; City; State; Zip Code \$13.99 \$16192 Coastal Hwy Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
\$13.99 16192 Coastal Hwy X Expenditure from corporate funds Lewes, DE 19958
Expenditure from corporate funds B PURPOSE OF Corporate Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Office Obscription Office Overhead/Rental Expense
EXPENDITURE Lewes, DE 19958 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE Lewes, DE 19958 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (b) Description Check if travel outside of Texas. Complete Schedule T.
8 PURPOSE OF OF OF Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE Since Systematical Action
Software
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
06/17/2024 Texas Roadhouse
Amount (\$) Payee address; City; State; Zip Code
\$17.52 1918 Veterans Blvd
TITIO VELETATIS DIVU
Expenditure from
Corporate funds Del Rio, TX 78840
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE FOOd/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, 1X, officenoider living expense
Travel Meal for Staff
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
experialitie to beliefit G/G/1
Date Payee name
06/17/2024 Texas Roadhouse
Amount (\$) Payee address; City; State; Zip Code
\$17.52 1918 Veterans Blvd
Expenditure from Pol Rio, TV 79940
Corporate funds Del Rio, TX 78840
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Travel Meal for Staff
Traver wear for Staff
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 56/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/21/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$623.90	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Adelina Trigo
	Signs. III-kind Contribution to Adelina Trigo
O Committee ONII V if allowed	Open Highest Office health and a second to the second to t
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/08/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,756.00	2935 Irving Suite 201
, ,	3
Expenditure from	Dollar TV 75247
corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Adelina Trigo
	Signs. III kind contribution to Adelina Trigo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	
Date	Payee name
03/20/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,919.98	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Al Flores
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 57/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/05/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$675.37	2935 Irving Suite 201
- Evpanditura from	
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Al Flores
	Signs. In Kind Contribution to 71 hores
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/17/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,281.50	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Alberto Olivares
	Signs. In Kind Contribution to Alberto Chivares
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/16/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,247.80	2935 Irving Suite 201
Ψ1,247.00	2000 II villy Oute 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Alberto Olivares
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 58/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/09/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,363.56	2935 Irving Suite 201
Expenditure from	
corporate funds	Dallas, TX 75247
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Alberto Olivares
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/12/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,012.30	2935 Irving Suite 201
— Foresaditors from	
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Aleida Luera
	olgiis. III kiild dollalisation to / licida Edera
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/13/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$3,064.00	2935 Irving Suite 201
Expenditure from	
corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Alex Tores
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Forms provided by Tevas F	thics Commission www.athics.state.tv.us Version V// 1.0 d278aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 59/78 Rpt:	2 FILER NAME #PROJECTREDTX 3 Filer ID (Ethics Commission Filers) 00082357
4 Date 04/15/2024 6 Amount (\$) \$234.37	 5 Payee name Texas Trade Graphics 7 Payee address; City; State; Zip Code 2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Bianca Matthews
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 03/13/2024	Payee name Texas Trade Graphics
Amount (\$) \$1,589.30	Payee address; City; State; Zip Code 2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Bianca Matthews
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/17/2024	Payee name Texas Trade Graphics
Amount (\$) \$2,037.10	Payee address; City; State; Zip Code 2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Billy Martin
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 60/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/21/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,549.50	2935 Irving Suite 201
— Forest dit us from	
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Bobby Saenz
	Signs. In kind contribution to Bobby Suchz
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
05/08/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$3,476.60	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Carlos de los Santos
	Signs. In kind contribution to Carlos de los Carlos
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/29/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,661.00	2935 Irving Suite 201
. ,	
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Cesar Urias
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card F dyment	The Instruction Guide explains how to cor	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 61/78 Rpt:	#PROJECTREDTX	00082357
4 Date	5 Payee name	
05/02/2024	Texas Trade Graphics	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$4,353.48	2935 Irving Suite 201	
- Evacaditure from		
Expenditure from corporate funds	Dallas, TX 75247	
8 PURPOSE OF	c , (ere emigenee meter in the top or time enterties)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Cher Montalvo
		olytis. Ili kina oonanbaatiin to onoi monaaro
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Jill 3.105 .15.2
Date	Device name	
03/13/2024	Payee name Texas Trade Graphics	
	·	·
Amount (\$)	Payee address; City; State; Zip Co	de
\$2,964.00	2935 Irving Suite 201	
Expenditure from		
corporate funds	Dallas, TX 75247	
PURPOSE OF	g y (con amagenes maner an are rep or anno constant)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Chuck Veih
		O.g
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	•	5
Date	Payee name	
04/17/2024	Texas Trade Graphics	
Amount (\$)	·	do
\$3,077.23		de
Φυ,υτι.∠υ	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
•		na =
PURPOSE OF	, , ,	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Claudia Alcazar
		Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/OI	-1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
· ·	#PROJECTREDTX 00082357
Sch: 62/78 Rpt:	#PROJECTREDTX 00002357
4 Date	5 Payee name
04/05/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,428.71	2935 Irving Suite 201
Ψ2,π23.71	2000 HVIIIg Oute 201
Expenditure from	
corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Earl Heath
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/29/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,243.60	2935 Irving Suite 201
Expenditure from	Dellas TV 75247
corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Elias Mora
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/15/2024	Texas Trade Graphics
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,933.35	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	
OF	l e e e e e e e e e e e e e e e e e e e
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Elisa Torres
Complete CNLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 63/78 Rpt:	#PROJECTREDTX	00082357
4 Date	5 Payee name	
04/01/2024	Texas Trade Graphics	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,927.72	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Esequiel Trevino
		Signs. III kind contribution to Esciplici Trevino
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Cilice Held
Date	Payee name	
05/29/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,440.50	2935 Irving Suite 201	
Evpanditura from		
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Ezequiel Jurado
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
Data	Davis many	
Date	Payee name	
06/03/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,902.00	2935 Irving Suite 201	
Expenditure from		
corporate funds	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Florencio Calderon
Complete ONE VIII	Condidate/Officeholds	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
, , . ,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 64/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/05/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,086.21	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Gilbert Garcia
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/25/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$5,484.50	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Guy Baker
	orgine in tand continuation to day band.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/02/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,233.40	2935 Irving Suite 201
φ2,233.40	2933 living Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Hector Rodriguez
	Signs. III-kind contribution to media Rodriguez
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 65/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/03/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,810.80	2935 Irving Suite 201
Expenditure from	
corporate funds	Dallas, TX 75247
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to J Miller Meyer
	Olgris. In Kind Contribution to C Miller Meyer
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/18/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,877.70	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Jesus Rami Martinez
	Olgris. III kind contribution to cesus i karii Maranez
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/03/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$6,383.50	2935 Irving Suite 201
,****	
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Jimmy Manrrique
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	#PROJECTREDTX 00082357
Sch: 66/78 Rpt:	l .
4 Date	5 Payee name
05/29/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,017.92	2935 Irving Suite 201
Ψ1,011.32	2000 HVIIIg Oute 201
Expenditure from	
corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Joe Mata
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
05/08/2024	Texas Trade Graphics
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$3,098.80	2935 Irving Suite 201
- Cynanditura fram	
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Jose Betancourt
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/15/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$3,098.80	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
<u>'</u>	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Juan Gonzales
	Signs. III-kind contribution to such Solizates
Commission ONU VIII II	Constitute (Office helder nome
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2p 22.ta. 0 to bonone 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 67/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/29/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,004.20	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Kevin Conner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
03/13/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$563.00	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Kira Sanchez
	Signs. III-kind contribution to kind Sanchez
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
06/03/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,243.40	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Marcos Jake McKinney
Complete CNII V if alian-	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 68/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/02/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,388.40	2935 Irving Suite 201
Expenditure from	
corporate funds	Dallas, TX 75247
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Maricar Ortega Chattler
	orgine. In faind contribution to mariour ortoga orialite.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/14/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,051.50	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Maricar Ortega Chattler
	Signs. III-kind contribution to Marical Ortega Chatter
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/16/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$427.60	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Maricar Ortega Chattler
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 69/78 Rpt:	#PROJECTREDTX	00082357
4 Date	5 Payee name	
05/29/2024	Texas Trade Graphics	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,549.50	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Marisol Skelton
		Signs. III-kind contribution to mansor sketton
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		t Office field
Date	Payee name	
04/09/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,753.75	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Marissa Sepulveda
Complete ONLY if direct	Constitute (Office helder repres	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
05/17/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,305.30	2935 Irving Suite 201	
Funonditure from		
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Signs: In-kind contribution to Miguel Rodriguez
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	-	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 70/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/03/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,320.50	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Myrna Kay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
03/25/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,551.00	2935 Irving Suite 201
Expenditure from	
corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Norma Saldana
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Data	Davida nama
Date 04/25/2024	Payee name Toyas Trada Graphics
	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,476.49	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Normal Esquivel
Complete CAU V & direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Forms provided by Tayas F	thics Commission www.athics state ty us Version V// 1 0 d278aha0

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 71/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
04/01/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,175.52	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Norman Esquivel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/17/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.47	2935 Irving Suite 201
,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Pancho Ramirez Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/17/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,290.87	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Paul Anders Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above	e)
•	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commissio	n Filers)
Sch: 72/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/25/2024	Texas Trade Graphics	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6,686.60	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Signs: In-kind contribution to Princess Gonz	alez
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	OH CONTROL OF THE CON	
Date	Payee name	
04/25/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,252.49	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Signs: In-kind contribution to Ricardo Alejan	ork
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DH .	
Date	Payee name	
03/25/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,561.60	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Signs: In-kind contribution to Ricardo Alejan	dro
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 73/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
06/03/2024	Texas Trade Graphics	
6 Amount (\$) \$2,037.10	7 Payee address; City; State; Zip Code 2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Signs: In-kind contribution to Richard Kirkpatrick	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	
05/08/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2,414.90	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Signs: In-kind contribution to Roberto Lopez	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
04/17/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Code	_
\$3,200.53	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Signs: In-kind contribution to Rogelio Hernandez	
	Campaign	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
		_

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 74/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
03/25/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,660.80	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs: In-kind contribution to Sabino Mena
	Signs. III-kind contribution to Sabino Wend
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/26/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$5,305.00	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Sarah Stogner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/25/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$3,855.44	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Servando Wolf Garza
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Labor OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 75/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/29/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,233.40	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Vicky Valadez
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$2,760.70	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Signs: In-kind contribution to Wanda Cuellar Garcia
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/29/2024	Tractor Supply
Amount (\$)	Payee address; City; State; Zip Code
\$7.99	421 E Main St
Ψ1.00	421 E Main of
X Expenditure from corporate funds	Uvalde, TX 78801
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.	ory not listed above)
L: 2 FILER NAME 3 Filer ID (Eth	ics Commission Filers)
#PROJECTREDTX 00082357	
5 Payee name	
Tractor Supply	
7 Payee address; City; State; Zip Code	
2 421 E Main St	
Uvalde, TX 78801	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Office overficad/Nertical Expense	
	isc.
Candidate/Officeholder name Office sought Office held	
OH	
T. David same	
1108 Lavaca St, Ste 110	
Austin, TX 78701	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Office Overhead/Rental Expense	
I 🗕	ise
Office Supplies	
Candidate/Officeholder name Office sought Office held OH	
Payee name	
Uncle's	
Payee address; City; State; Zip Code	
3 2411 E Hwy 90	
Alpine, TX 79830	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete S	chedule T.
Travel In District Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper	
Travel In District Check if travel outside of Texas. Complete S	
Travel In District Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper	
Travel In District Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper Travel Fuel for Staff Candidate/Officeholder name Office sought Office held	
Travel In District Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper Travel Fuel for Staff	
Travel In District Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper Travel Fuel for Staff Candidate/Officeholder name Office sought Office held	
	2 FILER NAME #PROJECTREDTX 5 Payee name Tractor Supply 7 Payee address; City; State; Zip Code 421 E Main St Uvalde, TX 78801 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought Payee name UPS Store Payee address; City; State; Zip Code 1108 Lavaca St, Ste 110 Austin, TX 78701 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expersion of the content of the con

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)
Sch: 77/78 Rpt:	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
06/18/2024	Uncle's	
6 Amount (\$) \$35.93	7 Payee address; City; State; Zip Code 2411 E Hwy 90	
Expenditure from corporate funds	Alpine, TX 79830	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Fuel for Staff	
Complete ONLY if direct expenditure to benefit C/Oh	L Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
06/18/2024	Uncle's	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.99	305 N Main St	
Expenditure from corporate funds	Balmorhea, TX 79718	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Travel Meal for Staff	
	Traver Medi for Stall	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/19/2024	Uncle's	
Amount (\$)	Payee address; City; State; Zip Code	
\$14.34	1701 S Grant Ave	
Expenditure from corporate funds	Odessa, TX 79766	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Travel Meal for Staff	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 78/78 Rpt:	#PROJECTREDTX 00082357
4 Date	5 Payee name
03/21/2024	Whataburger
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.45	2701 S US Hwy 77
ψ010	2701 0 00 111111 1111
Expenditure from corporate funds	Kingsville, TX 78363
·	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/07/2024	Yearli
Amount (\$)	Payee address; City; State; Zip Code
\$6.39	2480 Walker Ave NW
X Expenditure from corporate funds	Grand Rapids, TX 49544
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tax Filing
	, and the second
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/07/2024	Yearli
Amount (\$)	Payee address; City; State; Zip Code
\$167.10	2480 Walker Ave NW
Ψ107.10	
X Expenditure from corporate funds	Grand Rapids, TX 49544
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tax Filing
	9
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	