

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081730	2 Total pages filed: 98				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Ana-Maria	MI	OFFICE USE ONLY			
	NICKNAME	LAST Ramos	SUFFIX		Date Received ELECTRONICALLY FILED 07/15/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 852227 Richardson, TX 75085		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jeremy	MI				
	NICKNAME	LAST Davis	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10501 Markison Rd. Dallas, TX 75238						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(804)	338-8301					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2024		06	30	2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 102 Dallas			12 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	28,262.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	21,799.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	16,521.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

 The Honorable Ana-Maria Ramos
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Ramos, Ana-Maria (The Honorable)	19 Filer ID (Ethics Commission Filers) 00081730
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,912.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,799.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/55 Rpt: 4/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75248	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions) Premier Vision of Dallas
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Premier Vision of Dallas
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Premier Vision of Dallas
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Premier Vision of Dallas
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Premier Vision of Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/55 Rpt: 5/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75248	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions) Premier Vision of Dallas
Date 06/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00235739</u>) BNSF Railpac <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76161	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bach, Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) finance manager		Employer (See Instructions) Sekisui Specialty Chemicals
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, LeAnne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Kumon Prestonwood
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, LeAnne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Kumon Prestonwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/55 Rpt: 6/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, LeAnne <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Tutor		9 Employer (See Instructions) Kumon Prestonwood
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, LeAnne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Kumon Prestonwood
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, LeAnne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Kumon Prestonwood
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, LeAnne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Kumon Prestonwood
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrientos, Honorio <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Dallas CASA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/55 Rpt: 7/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baustian, Pam <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beach, Gary <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Solutions Architect		Employer (See Instructions) qliktech
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckley, Michelle <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Kookaurra Bird Shop
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, Deborah <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/55 Rpt: 8/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, Deborah <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertrand, Jennifer <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Jennifer Bertrand
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Wolfram Research
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Wolfram Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/55 Rpt: 9/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPIN, N ROGER <hr/> 6 Contributor address; City; State; Zip Code RICHARDSON, TX 75081	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPIN, N ROGER <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75081	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPIN, N ROGER <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75081	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPIN, N ROGER <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75081	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, Stacey <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) CoStar Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/55 Rpt: 10/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, Stacey <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions) CoStar Group
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, TJ <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Audio Engineer		Employer (See Instructions) TJ Callaway Audio Inc.
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, TJ <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Audio Engineer		Employer (See Instructions) TJ Callaway Audio Inc.
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, N <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chishty, Farhat <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Public advocate		Employer (See Instructions) EZ care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/55 Rpt: 11/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornejo, Irma <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Property manager		9 Employer (See Instructions) EDC Properties LTD
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Toro, Silvia <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Import coordinator		Employer (See Instructions) Fred Hall & Associates Inc
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshotel, Joseph <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/55 Rpt: 12/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Claire <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dille, Paul <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Visiting Angels
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Carol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carol Crabtree Donovan PC
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Carol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carol Crabtree Donovan PC
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Carol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carol Crabtree Donovan PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/55 Rpt: 13/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Dianne <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75149	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Dianne <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Dianne <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCIS, GEORGIA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCIS, GEORGIA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/55 Rpt: 14/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCIS, GEORGIA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Nancy <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) self
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Nancy <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) self
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Nancy <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) self
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/55 Rpt: 15/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/55 Rpt: 16/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Susan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Hector <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/55 Rpt: 17/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Lilia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75224	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) EchoPark
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Domingo <hr/> Contributor address; City; State; Zip Code dallas, TX 75247	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Law offices of Domingo Garcia
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia MD, Catalina E <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia MD, Catalina E <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$102.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President/Treasurer		Employer (See Instructions) Barilla Management Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/55 Rpt: 18/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Brooke Hull Ins. Agency
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia	Amount of Contribution (\$) \$102.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Brooke Hull Ins. Agency
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Nathan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Betterment
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Nathan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Betterment
Date 03/20/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00307033) HCA Texas Good Government Fund	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/55 Rpt: 19/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamblin, Andrea <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Volunteer coordinator		9 Employer (See Instructions) Richardson Adult Literacy Center
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamblin, Andrea <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Volunteer coordinator		Employer (See Instructions) Richardson Adult Literacy Center
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Gerald <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Gerald <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Gerald <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/55 Rpt: 20/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Gina <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) House District 49
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoskins, Opal <hr/> Contributor address; City; State; Zip Code Ovilla, TX 75154	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) DCCCD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/55 Rpt: 21/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Dallas, TX 75218		
8 Principal occupation / Job title (See Instructions) librarian		9 Employer (See Instructions) DCCCD
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Dallas, TX 75218		
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) DCCCD
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Dallas, TX 75218		
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) DCCCD
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75218-2318		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humann, Walter	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/55 Rpt: 22/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inayathullah, Mohammed <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$17.50
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Humana
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inayathullah, Mohammed <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Humana
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inayathullah, Mohammed <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Technology Manager		Employer (See Instructions) Humana Inc
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irick, Rachel <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Copywriter		Employer (See Instructions) Sanky Communications
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jablonski, Carol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$102.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/55 Rpt: 23/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Sharon	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Dallas, TX 75243		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Sharon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaeb, Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaeb, Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Kristina N.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75204		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) KASTL LAW PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/55 Rpt: 24/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, William	7 Amount of Contribution (\$) \$102.00
6 Contributor address; City; State; Zip Code Richardson, TX 75081		
8 Principal occupation / Job title (See Instructions) Tutor		9 Employer (See Instructions) self-employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohn, George	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Monterey, CA 93940		
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) Saint James Episcopal Church
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) NA
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamont, Adam	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamont, Adam	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/55 Rpt: 25/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamont, Adam <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Dallas ISD
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamont, Adam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamont, Adam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamont, Adam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Jim <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Pipe organ tech		Employer (See Instructions) Schudi Organ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/55 Rpt: 26/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Dallas, TX 75243		
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) RTI
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowy, Martin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Ann	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Retail store mgr		Employer (See Instructions) Lane Bryant
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Ann	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Retail store mgr		Employer (See Instructions) Lane Bryant

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/55 Rpt: 27/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Denton, TX 76210		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denton, TX 76210		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denton, TX 76210		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denton, TX 76210		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denton, TX 76210		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/55 Rpt: 28/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ileana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Kidney Specialists
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ileana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Kidney Specialists
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ileana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Kidney Specialists
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ileana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Kidney Specialists

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/55 Rpt: 29/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Dallas, TX 75248		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/55 Rpt: 30/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Dallas, TX 75248		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/55 Rpt: 31/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Dallas, TX 75248		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/55 Rpt: 32/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meixueiro, Rogelio <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Student and Community Organizer		9 Employer (See Instructions) TOP
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikesell, Brenda <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Program Specialist - Counseling Services		Employer (See Instructions) Richardson ISD
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milazzo, Christine Asberry <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Southern Methodist University		Employer (See Instructions) Graphic Designer
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milazzo, Christine Asberry <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Southern Methodist University		Employer (See Instructions) Graphic Designer
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milazzo, Christine Asberry <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Southern Methodist University		Employer (See Instructions) Graphic Designer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/55 Rpt: 33/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milazzo, Christine Asberry <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Southern Methodist University		9 Employer (See Instructions) Graphic Designer
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milazzo, Christine Asberry <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Southern Methodist University		Employer (See Instructions) Graphic Designer
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milazzo, Christine Asberry <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Southern Methodist University		Employer (See Instructions) Graphic Designer
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moskop, Kerry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolae, Cristina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Cristina Nicolae

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/55 Rpt: 34/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Kenda	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dallas, TX 75208		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Reilly, Debbie	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code PLANO, TX 75025		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Plano ISD
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Reilly, Debbie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code PLANO, TX 75025		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Plano ISD
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Reilly, Debbie	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code PLANO, TX 75025		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Plano ISD
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Offices of Marc A. Rodriguez	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/55 Rpt: 35/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dallas, TX 75243		
8 Principal occupation / Job title (See Instructions) Educational Diagnostician		9 Employer (See Instructions) Irving ISD
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Heartland, TX 75126		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Heartland, TX 75126		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/55 Rpt: 36/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dallas, TX 75243		
8 Principal occupation / Job title (See Instructions) Educational Diagnostician		9 Employer (See Instructions) Irving ISD
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Heartland, TX 75126		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Heartland, TX 75126		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Heartland, TX 75126		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/55 Rpt: 37/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela <hr/> 6 Contributor address; City; State; Zip Code Heartland, TX 75126	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Educational Diagnostician		9 Employer (See Instructions) Irving ISD
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela <hr/> Contributor address; City; State; Zip Code Heartland, TX 75126	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr Heath, Angela <hr/> Contributor address; City; State; Zip Code Heartland, TX 75126	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oshodi, John <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/55 Rpt: 38/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco, Vanessa <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Ohana Cottonwood
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantzer, John <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Skywire Design Inc
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, George <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Persky, Ronnie <hr/> Contributor address; City; State; Zip Code Bartlett, TX 76511	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickens, Belia <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/55 Rpt: 39/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Garry	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Dallas, TX 75209		
8 Principal occupation / Job title (See Instructions) Video producer		9 Employer (See Instructions) Self
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Garry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Video producer		Employer (See Instructions) Self
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Garry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Video producer		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Garry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Video producer		Employer (See Instructions) Self
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Garry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Video producer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/55 Rpt: 40/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENDY, ALINE <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Finance Analyst		9 Employer (See Instructions) NCR
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Jill <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Progressive Pain & Psychiatry
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Raymond Campaign <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales, Paula <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dallas County
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salem, M. Emad <hr/> Contributor address; City; State; Zip Code Euless, TX 76040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Sellstate Metro Realty

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/55 Rpt: 41/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Nancy <hr/> 6 Contributor address; City; State; Zip Code dallas, TX 75229	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Homebuilder		9 Employer (See Instructions) Highland
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Nancy <hr/> Contributor address; City; State; Zip Code dallas, TX 75229	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Highland
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Nancy <hr/> Contributor address; City; State; Zip Code dallas, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Highland
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Nancy <hr/> Contributor address; City; State; Zip Code dallas, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Jaynie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) City of Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/55 Rpt: 42/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Irvin <hr/> 6 Contributor address; City; State; Zip Code new York, NY 10023	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Daphne <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Daphne <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5345	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Daphne <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5345	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Sally <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/55 Rpt: 43/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75060	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Lab tech		9 Employer (See Instructions) Electro Plate Circuitry
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/55 Rpt: 44/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75060	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Lab tech		9 Employer (See Instructions) Electro Plate Circuitry
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/55 Rpt: 45/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Irving, TX 75060		
8 Principal occupation / Job title (See Instructions) Lab tech		9 Employer (See Instructions) Electro Plate Circuitry
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Irving, TX 75060		
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Irving, TX 75060		
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shevell, Monica	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75254		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Bill	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Marana, AZ 85658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/55 Rpt: 46/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Bill <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 95739	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Bill <hr/> Contributor address; City; State; Zip Code Tucson, AZ 95739	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Caffeine Inc
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shure, Judith <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Aftab <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/55 Rpt: 47/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, William <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Dallas
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, William <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Dallas
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Libby <hr/> Contributor address; City; State; Zip Code Ponca City, OK 74601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Libby <hr/> Contributor address; City; State; Zip Code Ponca City, OK 74601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Libby <hr/> Contributor address; City; State; Zip Code Ponca City, OK 74601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/55 Rpt: 48/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Libby <hr/> 6 Contributor address; City; State; Zip Code Ponca City, OK 74601	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Linda <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$102.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Linda <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Linda <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Hisham <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/55 Rpt: 49/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Hisham	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Dallas, TX 75230		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sanober	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Lions Gate Medical
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tom	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Dal, TX 75243		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tom	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Dal, TX 75243		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tom	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Dal, TX 75243		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/55 Rpt: 50/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas American Federation of Teachers <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toperzer, Charles <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toperzer, Charles <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/55 Rpt: 51/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toperzer, Chuck <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75042	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tulloch, Barbara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Officer		Employer (See Instructions) DHHS/IHS
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhrik, Francis <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) United Food and Commercial Workers International Union <hr/> Contributor address; City; State; Zip Code Washington, DC 20006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Linda <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/55 Rpt: 52/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243-6153	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) ALJ		9 Employer (See Instructions) TWC
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Kandace <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) SMU
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Audrey <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Audrey <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Audrey <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/55 Rpt: 53/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Audrey	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehead, Melissa	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittet, Scott	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson-Jones, Bridget	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Sergeant of Police		Employer (See Instructions) City of Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/55 Rpt: 54/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Debra <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Volunteer Coordinator		9 Employer (See Instructions) Heart to Heart Hospice
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) chizeck, susan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) chizeck, susan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) groshardt, joanne <hr/> Contributor address; City; State; Zip Code richardson, TX 75081	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/55 Rpt: 55/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) groshardt, joanne	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richardson, TX 75081		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) groshardt, joanne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code richardson, TX 75081		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jackson, larry	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code plano, TX 75075		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) long, mauri	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Garland, TX 75042		
Principal occupation / Job title (See Instructions) Financial Manager		Employer (See Instructions) Modern Family Vision
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) long, mauri	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Garland, TX 75042		
Principal occupation / Job title (See Instructions) Financial Manager		Employer (See Instructions) Modern Family Vision

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/55 Rpt: 56/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rushing, Don <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Lubbock Commercial Bldgs.
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) saracho, erma <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/55 Rpt: 57/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/55 Rpt: 58/98
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom d <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243-6506	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) taylor, tom d <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-6506	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, rita <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34236-6879	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 59/98	
2 FILER NAME Ramos, Ana-Maria (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081730	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/20/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Mike	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description Email blast
	7 Contributor address; City; State; Zip Code TX	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/39 Rpt: 60/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/08/2024	5 Payee name 7-Eleven	
6 Amount (\$) \$38.49	7 Payee address; City; State; Zip Code 1360 S Plano Rd Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2024	Payee name ActBlue Technical Services	
Amount (\$) \$23.08	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/39 Rpt: 61/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/21/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$29.87	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2024	Payee name ActBlue Technical Services	
Amount (\$) \$11.90	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2024	Payee name ActBlue Technical Services	
Amount (\$) \$94.89	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/39 Rpt: 62/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/11/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$16.17	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2024	Payee name ActBlue Technical Services	
Amount (\$) \$4.74	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name ActBlue Technical Services	
Amount (\$) \$39.62	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/39 Rpt: 63/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/03/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$63.90	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2024	Payee name ActBlue Technical Services	
Amount (\$) \$2.19	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2024	Payee name ActBlue Technical Services	
Amount (\$) \$3.49	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/39 Rpt: 64/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/24/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$39.96	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name ActBlue Technical Services	
Amount (\$) \$7.13	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2024	Payee name ActBlue Technical Services	
Amount (\$) \$40.69	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/39 Rpt: 65/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/14/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$4.09	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2024	Payee name ActBlue Technical Services	
Amount (\$) \$1.91	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2024	Payee name ActBlue Technical Services	
Amount (\$) \$31.54	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/39 Rpt: 66/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/05/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$33.43	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2024	Payee name ActBlue Technical Services	
Amount (\$) \$7.46	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2024	Payee name ActBlue Technical Services	
Amount (\$) \$7.98	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/39 Rpt: 67/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/26/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2024	Payee name ActBlue Technical Services	
Amount (\$) \$18.98	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2024	Payee name ActBlue Technical Services	
Amount (\$) \$2.94	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/39 Rpt: 68/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/16/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$43.69	7 Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.72	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name ActBlue Technical Services	
Amount (\$) \$76.23	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/39 Rpt: 69/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/02/2024	5 Payee name Adobe	
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software license
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/01/2024	Payee name Adobe	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software license
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/04/2024	Payee name Adobe	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software license
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/39 Rpt: 70/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/03/2024	5 Payee name Adobe	
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software license
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2024	Payee name Adobe	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software license
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2024	Payee name Adobe	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software license
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/39 Rpt: 71/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/26/2024	5 Payee name Amazon	
6 Amount (\$) \$75.74	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2024	Payee name Amazon	
Amount (\$) \$40.03	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2024	Payee name Amazon	
Amount (\$) \$117.98	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/39 Rpt: 72/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/22/2024	5 Payee name Amazon	
6 Amount (\$) \$45.04	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2024	Payee name Amazon	
Amount (\$) \$27.65	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name Amazon	
Amount (\$) \$145.03	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/39 Rpt: 73/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/29/2024	5 Payee name Amazon	
6 Amount (\$) \$23.80	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2024	Payee name Amazon	
Amount (\$) \$132.00	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2024	Payee name Apple	
Amount (\$) \$54.11	Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference call app
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/39 Rpt: 74/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/01/2024	5 Payee name Apple	
6 Amount (\$) \$97.41	7 Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Teleprompter app
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2024	Payee name Artscape Creative	
Amount (\$) \$67.59	Payee address; City; State; Zip Code 12630 E NW Hwy Ste 301 Dallas, TX 75228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff blazers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/22/2024	Payee name Austin-Bergstrom Airport	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/39 Rpt: 75/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/02/2024	5 Payee name Bank of Texas	
6 Amount (\$) \$22.50	7 Payee address; City; State; Zip Code 333 W Cambell Rd Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name Bank of Texas	
Amount (\$) \$22.50	Payee address; City; State; Zip Code 333 W Cambell Rd Richardson, TX 75080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Bank of Texas	
Amount (\$) \$22.50	Payee address; City; State; Zip Code 333 W Cambell Rd Richardson, TX 75080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/39 Rpt: 76/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/05/2024	5 Payee name Bank of Texas	
6 Amount (\$) \$34.50	7 Payee address; City; State; Zip Code 333 W Cambell Rd Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Bank of Texas	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 333 W Cambell Rd Richardson, TX 75080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense International transaction fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2024	Payee name Barrios	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 835021 Richardson, TX 75085	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/39 Rpt: 77/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/16/2024	5 Payee name Best Buy	
6 Amount (\$) \$324.74	7 Payee address; City; State; Zip Code 9378 N Central Expy Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Color printer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2024	Payee name Biden Victory Fund	
Amount (\$) \$54.13	Payee address; City; State; Zip Code 430 South Capitol Street SE Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2024	Payee name Canva Pty Ltd	
Amount (\$) \$119.40	Payee address; City; State; Zip Code 2/2 Lacey Street Surry Hills NSW 02010 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Branding app
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/39 Rpt: 78/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/13/2024	5 Payee name Carol Lynn Sanchez Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1823 Harlingen, TX 78551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2024	Payee name Costco Wholesale	
Amount (\$) \$425.46	Payee address; City; State; Zip Code 8055 Churchill Way Dallas, TX 75251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refrigerator
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2024	Payee name Curb	
Amount (\$) \$39.09	Payee address; City; State; Zip Code 11-11 34th Ave Long Island City, NY 11106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxi
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/39 Rpt: 79/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
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4 Date 02/21/2024	5 Payee name Dallas County Democratic Party
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 4209 Parry Ave Dallas, TX 75223
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Fish Fry
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2024	Payee name Extra Space Storage
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Amount (\$) \$101.00	Payee address; City; State; Zip Code 2809 Belt Line Rd Garland, TX 75044
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/06/2024	Payee name Extra Space Storage
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Amount (\$) \$101.00	Payee address; City; State; Zip Code 2809 Belt Line Rd Garland, TX 75044
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/39 Rpt: 80/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/08/2024	5 Payee name Extra Space Storage	
6 Amount (\$) \$151.64	7 Payee address; City; State; Zip Code 2809 Belt Line Rd Garland, TX 75044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Exxon	
Amount (\$) \$32.11	Payee address; City; State; Zip Code 102 E I-20 Weatherford, TX 76087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Gillette, Elizabeth	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3500 Fairmont St Apt 219 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/39 Rpt: 81/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
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4 Date 03/28/2024	5 Payee name Gillette, Elizabeth
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 3500 Fairmont St Apt 219 Dallas, TX 75219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff salary
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/13/2024	Payee name Girls Who Fight
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1950 Justin Rd Suite 114 Highland Village, TX 75077
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community self defense class
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name Goodman Campaigns
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Amount (\$) \$1,000.20	Payee address; City; State; Zip Code 211 E 7th St Suite 20 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/39 Rpt: 82/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
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4 Date 06/11/2024	5 Payee name Goodman Campaigns
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6 Amount (\$) \$595.00	7 Payee address; City; State; Zip Code 211 E 7th St Suite 20 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/11/2024	Payee name Goodman Campaigns
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Amount (\$) \$766.25	Payee address; City; State; Zip Code 211 E 7th St Suite 20 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/29/2024	Payee name Goodman Campaigns
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Amount (\$) \$1,216.55	Payee address; City; State; Zip Code 211 E 7th St Suite 20 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/39 Rpt: 83/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/29/2024	5 Payee name Goodman Campaigns	
6 Amount (\$) \$957.88	7 Payee address; City; State; Zip Code 211 E 7th St Suite 20 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Google	
Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Google	
Amount (\$) \$18.56	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/39 Rpt: 84/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 02/01/2024	5 Payee name Google	
6 Amount (\$) \$19.19	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Google	
Amount (\$) \$25.58	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Google	
Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/39 Rpt: 85/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/04/2024	5 Payee name Google	
6 Amount (\$) \$28.21	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Google	
Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Google	
Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/39 Rpt: 86/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/02/2024	5 Payee name Google	
6 Amount (\$) \$16.38	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name Google	
Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2024	Payee name Google	
Amount (\$) \$20.42	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/39 Rpt: 87/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
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4 Date 04/02/2024	5 Payee name Google
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6 Amount (\$) \$30.70	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail accounts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name It's Going to Be Ok Inc
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 4232 S Westmoreland Rd Dallas, TX 75233
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name It's Going to Be Ok Inc
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 4232 S Westmoreland Rd Dallas, TX 75233
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/39 Rpt: 88/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/02/2024	5 Payee name Julie Johnson for US Congress	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 802765 Dallas, TX 75380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Lyft	
Amount (\$) \$35.14	Payee address; City; State; Zip Code 185 Berry St Suite 5000 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxi fare
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2024	Payee name Muslim Democratic Caucus of Texas	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 601 Engleside Dr Arlington, TX 76018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/39 Rpt: 89/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/03/2024	5 Payee name NGP VAN	
6 Amount (\$) \$341.12	7 Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name NGP VAN	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name NGP VAN	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/39 Rpt: 90/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
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4 Date 06/07/2024	5 Payee name NGP VAN
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6 Amount (\$) \$341.12	7 Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/06/2024	Payee name NGP VAN
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Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/08/2024	Payee name NGP VAN
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Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/39 Rpt: 91/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730			
4 Date 01/03/2024	5 Payee name Public Storage				
6 Amount (\$) \$268.00	7 Payee address; City; State; Zip Code 920 Audelia Rd Richardson, TX 75081				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 02/05/2024	Payee name Public Storage				
Amount (\$) \$268.00	Payee address; City; State; Zip Code 920 Audelia Rd Richardson, TX 75081				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 03/05/2024	Payee name Public Storage				
Amount (\$) \$268.00	Payee address; City; State; Zip Code 920 Audelia Rd Richardson, TX 75081				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/39 Rpt: 92/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/16/2024	5 Payee name Public Storage	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 920 Audelia Rd Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2024	Payee name Public Storage	
Amount (\$) \$268.00	Payee address; City; State; Zip Code 920 Audelia Rd Richardson, TX 75081	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Scholastic	
Amount (\$) \$653.27	Payee address; City; State; Zip Code 3030 Robinson Rd Jefferson City, MO 65101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Books for RISD kids
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/39 Rpt: 93/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/02/2024	5 Payee name Shell	
6 Amount (\$) \$36.94	7 Payee address; City; State; Zip Code 1331 S Plano Rd Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Shell	
Amount (\$) \$46.09	Payee address; City; State; Zip Code 1331 S Plano Rd Richardson, TX 75081	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Shell	
Amount (\$) \$40.16	Payee address; City; State; Zip Code 1331 S Plano Rd Richardson, TX 75081	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/39 Rpt: 94/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 05/08/2024	5 Payee name Shell	
6 Amount (\$) \$47.59	7 Payee address; City; State; Zip Code 1331 S Plano Rd Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2024	Payee name Switchboard	
Amount (\$) \$35.25	Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2024	Payee name Switchboard	
Amount (\$) \$119.19	Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/39 Rpt: 95/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 03/07/2024	5 Payee name Switchboard	
6 Amount (\$) \$123.73	7 Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name Switchboard	
Amount (\$) \$338.70	Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2024	Payee name Switchboard	
Amount (\$) \$111.62	Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/39 Rpt: 96/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 04/19/2024	5 Payee name Switchboard	
6 Amount (\$) \$116.66	7 Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Texas Democratic Party	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code PO Box 116 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN access
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name US Postal Service	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1206 Apollo Rd Richardson, TX 75081	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/39 Rpt: 97/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 01/10/2024	5 Payee name Victoria Neave Criado Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 472773 Garland, TX 75047	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2024	Payee name Wix	
Amount (\$) \$18.78	Payee address; City; State; Zip Code 2601 Mission St San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name World Traveler Assist	
Amount (\$) \$149.95	Payee address; City; State; Zip Code 530-B Harkle Road Ste 100 Santa Fe, NM 87505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TSA Pre-check
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/39 Rpt: 98/98	2 FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4 Date 06/17/2024	5 Payee name Zoom	
6 Amount (\$) \$170.46	7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video conferencing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held