# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00081730		2 Total pages	filed: 98
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Ana-Maria			Date Received  ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
	MCNVAWE	Ramos		30111X		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 852227				Receipt #	Amount
Change of Address	Richardson, TX 75085					
	Trichardson, 177 75055				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>-</u> _	
TREASURER NAME	Mr.	Jeremy				
	NICKNAME	LAST		SUFFIX		
		Davis		331111		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EASE):	V D.	T / SUITE #; CITY	/	TATE; ZIP CODE
TREASURER ADDRESS	10501 Markison Rd.	BOX PLEASE),	AP	173011E#, CIT	ι, ο	TATE, ZIP CODE
(Residence or Business)	Dallas, TX 75238					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER PHONE	(804) 338-8301					
8 REPORT TYPE	January 15	30th day before	election	Runoff		campaign treasurer
	X July 15	8th day before 6	election	Exceeded modified reporting limit	_	officeholder only) Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day		
COVERED	01/01/2024	TH	IROUGH	06/30/20	)24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<b>!</b>		12 OFFICE SOUGH	IT (if known)	
	State Representative Distr	ict 102 Dallas				
	1			ı		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 98

13 C / OH NAME	<b>14</b> Filer ID 00081730	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	olitical expenditures made by political on made without the candidate's or office this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
16 CONTRIBUTION TOTALS			S (OTHER THAN PLEDGES, LOANS,	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIO	NS MADE ELECTRONICALLY)	\$ 0.00
	EES OF LOANS)	\$ 28,262.00		
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 21,799.47
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINEI RIOD	O AS OF THE LAST DAY OF THE	<b>\$</b> 16,521.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required t Election Code.	
			The Honorable Ana-Maria Ran	108
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and se	eal of office.	
Signature of office	cer administering	Printed name of officer admin	stering Title of office	er administering oath

#### **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

		C	OVER SHI	<b>EET PG 3</b> 3 of 98
<b>18</b> FILER NA Ramos, <i>F</i>	ME Ana-Maria (The Honorable)	<b>19</b> Filer ID 00081730	(Ethics Comm	nission Filers)
	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,912.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	350.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	21,799.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/55 Rpt: 4/98	
2	FILER NAME	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	Filers)
_			7		_		
4	Date 01/11/2024	Full name of contributor     Allen, Karen     Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		,	Amount of Contribution (\$)	\$25.00
		DALLAS, TX 75248	· ·				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Optometrist			Premier Vision of Dallas			
	Date 02/11/2024	Full name of contributor [ Allen, Karen Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
		DALLAS, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Optometrist			Premier Vision of Dallas			
	Date 03/11/2024	Full name of contributor  Allen, Karen  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$25.00
		DALLAS, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Optometrist	,		Premier Vision of Dallas			
	Date 04/11/2024	Full name of contributor Allen, Karen Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Premier Vision of Dallas			
	Date 05/11/2024	Full name of contributor Allen, Karen Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Premier Vision of Dallas			
			<u> </u>				

	MONET	ETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 2/55 Rpt: 5/98			
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	on Filers)		
4	Date 06/11/2024	<ul><li>5 Full name of contributor Allen, Karen</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$25.00		
_	Dringing age	DALLAS, TX 75248		_	Employer (See Instructions	<u></u>				
8	Optometrist	pation / Job title (See Instructions	5)	9	Employer (See Instructions Premier Vision of Dallas					
	Date 06/10/2024				Amount of Contribution (\$)	\$1,000.00				
	Principal occu	Fort Worth, TX 76161 pation / Job title (See Instructions	3)		Employer (See Instructions	<u>.</u>				
	i illicipal occu	pation / oob title (See motidetions	,		Employer (Gee manachoris	',				
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:)  Bach, Matthew  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00			
		Dallas, TX 75248								
	Principal occu finance man	pation / Job title (See Instructions ager	;) 		Employer (See Instructions Sekisui Specialty Chem	•	ls			
	Date Full name of contributor out-of-state PAC (ID#:  01/30/2024 Baird, LeAnne  Contributor address; City; State; Zip Code  Dallas, TX 75248		)		Amount of Contribution (\$)	\$5.00				
	Principal occu Tutor	pation / Job title (See Instructions	5)		Employer (See Instructions Kumon Prestonwood	s)				
	Date 02/29/2024	Full name of contributor Baird, LeAnne Contributor address; City; Si Dallas, TX 75248	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$5.00		
	Principal occu Tutor	pation / Job title (See Instructions	s)		Employer (See Instructions Kumon Prestonwood	5)				
			l							

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	: A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/55 Rpt: 6/98		
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	Filers)	
4	Date 03/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Baird, LeAnne</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5.00	
		Dallas, TX 75248					
8	Principal occu Tutor	pation / Job title (See Instructions)	9 Employer (See Instructions Kumon Prestonwood	)			
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Baird, LeAnne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Daine in all account	Dallas, TX 75248	Farely (Contracting)				
	Tutor	pation / Job title (See Instructions)	Employer (See Instructions Kumon Prestonwood	)			
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Baird, LeAnne Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00	
		Dallas, TX 75248					
	Principal occu Tutor	pation / Job title (See Instructions)	Employer (See Instructions Kumon Prestonwood	)			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Baird, LeAnne  Contributor address; City; State; Zip Code  Dallas, TX 75248	)		Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Kumon Prestonwood	)			
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Barrientos, Honorio Contributor address; City; State; Zip Code Dallas, TX 75208	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Social work	pation / Job title (See Instructions)	Employer (See Instructions Dallas CASA	)			

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/55 Rpt: 7/98	
2	FILER NAME	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
_					ļ_		
4	Date 04/01/2024	<ul><li>5 Full name of contributor Barton, Jeffrey</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	' 	Amount of Contribution (\$)	\$1,000.00
		Richardson, TX 75080					
8	Principal occu Not Employe	pation / Job title (See Instructionsed	)	<ul><li>Employer (See Instructions Not Employed</li></ul>	5)		
	Date 06/16/2024	Full name of contributor Baustian, Pam Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
		Richardson, TX 75080					
	Principal occu retired	pation / Job title (See Instructions	)	Employer (See Instructions none	s)		
	Date 05/31/2024	Full name of contributor Beach, Gary Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
	Principal occu Solutions Are	pation / Job title (See Instructions chitect	)	Employer (See Instructions qliktech	s)		
	Date 06/24/2024	Full name of contributor  Beckley, Michelle  Contributor address; City; St  Carrollton, TX 75007	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu President	pation / Job title (See Instructions		Employer (See Instructions Kookaurra Bird Shop	5)		
	Date 01/31/2024	Full name of contributor Beltran, Deborah Contributor address; City; St Cedar Hill, TX 75104	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See Instructions Not Employed	s)		
			·				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S	SCHEDULE A1		
	The Instruc	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/55 Rpt: 8/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 06/30/2024	<ul><li>5 Full name of contributor Beltran, Deborah</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$10.00
_	Dringing Loon	Cedar Hill, TX 75104	2)	•	Employer (Coo Instructions	<u></u>		
8	Retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions none	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Ben E. Keith Company Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00			
		Fort Worth, TX 76102				<u>_</u>		
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
	Date 05/21/2024	Full name of contributor Bertrand, Jennifer Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$25.00
		Richardson, TX 75081						
	Principal occu Photographe	pation / Job title (See Instruction er	5)		Employer (See Instructions Jennifer Bertrand	s)		
	Date 01/31/2024	Full name of contributor Bhatt, Bhuvanesh Contributor address; City; S San Antonio, TX 78210			)		Amount of Contribution (\$)	\$15.00
	Principal occu Software dev	pation / Job title (See Instruction veloper	5)		Employer (See Instructions Wolfram Research	5)		
	Date 03/21/2024	Full name of contributor Bhatt, Bhuvanesh Contributor address; City; S San Antonio, TX 78210	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Software dev	pation / Job title (See Instruction	5)		Employer (See Instructions Wolfram Research	5)		
	22			<u> </u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 6/55 Rpt: 9/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 01/24/2024	CHAPIN, N ROGER	tate PAC (ID#:	)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	RICHARDSON, TX 75081 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
0	Not Employe		J <sup>s</sup>	Not Employed	•)		
	Date 02/29/2024	CHAPIN, N ROGER  Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$7.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 03/20/2024	Full name of contributor out-of-si CHAPIN, N ROGER  Contributor address; City; State; Zip Co	tate PAC (ID#: de	)		Amount of Contribution (\$)	\$25.00
		RICHARDSON, TX 75081			<u> </u>		
	Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	5)		
	Date 04/28/2024	CHAPIN, N ROGER		)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 04/28/2024	Full name of contributor out-of-si Callaway, Stacey  Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Photographe	pation / Job title (See Instructions)		Employer (See Instructions CoStar Group	s)		
			,				

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/55 Rpt: 10/98	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		-Maria (The Honorable)	_			00081730	
4	Date 06/16/2024	Full name of contributor     Callaway, Stacey     Contributor address; City; Stacey	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
•	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions	.) lo	Employer (See Instructions			
o	Photographe		9	CoStar Group	5)		
	Date 01/20/2024	Full name of contributor Callaway, TJ Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing conu	Richardson, TX 75081 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u></u>		
		Audio Engineer TJ Callaway			>)		
	Date 06/16/2024	Full name of contributor Callaway, TJ Contributor address; City; Si	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Richardson, TX 75081					
	Principal occu Audio Engine	pation / Job title (See Instructions eer	(3)	Employer (See Instructions TJ Callaway Audio Inc.	5)		
	Date 06/28/2024	Full name of contributor Chapin, N  Contributor address; City; Si  Richardson, TX 75081	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(5)	Employer (See Instructions Not Employed	5)		
	Date 03/01/2024	Full name of contributor Chishty, Farhat Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Public advoc	pation / Job title (See Instructions cate	5)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/55 Rpt: 11/98	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		-Maria (The Honorable)	_			00081730	
4	Date 06/16/2024	<ul><li>5 Full name of contributor Cornejo, Irma</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$15.00
		Dallas, TX 75243					
8	Principal occu Property ma	pation / Job title (See Instructions nager	5)	Employer (See Instructions EDC Properties LTD	5)		
	Date 03/20/2024	Full name of contributor Davis, John Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Bellingham, WA 98229 pation / Job title (See Instructions	3)	Employer (See Instructions	s) 		
	Not employe			Not employed	-,		
	Date 04/19/2024	Full name of contributor Davis, John Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Bellingham, WA 98229					
	Principal occu Not employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not employed	5)		
		out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00	
	Principal occu Import coord	pation / Job title (See Instructions linator	5)	Employer (See Instructions Fred Hall & Associates			
	Date 01/31/2024	Full name of contributor  Deshotel, Joseph  Contributor address; City; Si  Beaumont, TX 77707	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions	(5)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 9/55 Rpt: 12/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 06/30/2024	Dewar, Claire  6 Contributor address; City; State;	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Not Employe Date 01/11/2024		out-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$15.00
	Principal occu	Garland, TX 75040 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Caregiver Visi			Visiting Angels			
	Date 01/31/2024	Full name of contributor  Donovan, Carol  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75214					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Carol Crabtree Donovar		С	
	Date 03/21/2024	Full name of contributor  Donovan, Carol  Contributor address; City; State;  Dallas, TX 75214	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Carol Crabtree Donovar		С	
	Date 04/30/2024	Full name of contributor  Donovan, Carol  Contributor address; City; State;  Dallas, TX 75214	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Carol Crabtree Donovar		С	
			·				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 10/55 Rpt: 13/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 03/11/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Mesquite, TX 75149 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions			
0	Not Employe			Not Employed	')		
	Date 04/11/2024	Full name of contributor  Duke, Dianne  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Mesquite, TX 75149	,				
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/11/2024	Full name of contributor  Duke, Dianne  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Mesquite, TX 75149					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 03/20/2024	Full name of contributor FRANCIS, GEORGIA Contributor address; City; State Dallas, TX 75248	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 04/26/2024	Full name of contributor FRANCIS, GEORGIA Contributor address; City; State Dallas, TX 75248	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/55 Rpt: 14/98	
2	FILER NAME	Marie (The Herenelle)		3	Filer ID (Ethics Commission	r Filers)
		-Maria (The Honorable)		L	00081730	
4	Date 06/26/2024	5 Full name of contributor out-of-state PAC (ID# FRANCIS, GEORGIA		7	Amount of Contribution (\$)	\$15.00
		6 Contributor address; City; State; Zip Code  Dallas, TX 75248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	:) 		
	Not Employe		Not Employed	,,		
	Date	Full name of contributor  ut-of-state PAC (ID#	<i>t</i> :)		Amount of Contribution (\$)	
	04/30/2024	Fisher, Nancy				\$10.00
		Contributor address; City; State; Zip Code		1		
		Carlord TV 75044				
	Dringing con	Garland, TX 75044	Employer (Coo Instructions	<u>,                                     </u>		
	Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions self	·)		
				_	Amount of Contribution (ft)	
	Date 05/30/2024	Full name of contributor  out-of-state PAC (ID# Fisher, Nancy	f:)		Amount of Contribution (\$)	\$10.00
	05/30/2024					Φ10.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Bookkeeper		self			
	Date	Full name of contributor  ut-of-state PAC (ID#	<i>‡</i> :)		Amount of Contribution (\$)	
	06/30/2024	Fisher, Nancy				\$10.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                     </u>		
	Bookkeeper	,	self	,		
	Date	Full name of contributor  out-of-state PAC (ID#	<u>t</u> · )	Π	Amount of Contribution (\$)	
	01/19/2024	Flanagan, Susan			7 uniount of Continuous (4)	\$15.00
		Contributor address; City; State; Zip Code				
		, , , , , , , , , , , , , , , , , , ,				
		Richardson, TX 75080		L		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS .		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 12/55 Rpt: 15/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 01/26/2024	<ul><li>5 Full name of contributor Flanagan, Susan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$15.00
_	<u> </u>	Richardson, TX 75080	, 1	_	5 1 (0 1 1 1			
8	Not Employe	pation / Job title (See Instructionsed	5)	9	Employer (See Instructions Not Employed	5)		
	Date 02/26/2024	Full name of contributor Flanagan, Susan Contributor address; City; S			)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Richardson, TX 75080 pation / Job title (See Instruction:	5)		Employer (See Instructions	s)		
	Not Employe		-,		Not Employed	-,		
	Date 03/21/2024	Full name of contributor Flanagan, Susan Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$15.00
		Richardson, TX 75080						
	Principal occu Not Employe	pation / Job title (See Instruction: ed	5)		Employer (See Instructions Not Employed	5)		
	Date 03/26/2024	Full name of contributor Flanagan, Susan Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instruction: ed	5)		Employer (See Instructions Not Employed	5)		
	Date 04/26/2024	Full name of contributor Flanagan, Susan Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/55 Rpt: 16/98	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Ramos, Ana	-Maria (The Honorable) 				00081730	
4	Date 05/09/2024	<ul><li>5 Full name of contributor Flanagan, Susan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$25.00
Ω	Drincinal occu	Richardson, TX 75080	., I	Employer (See Instructions			
0	Not Employe		) 	Not Employed	>)		
	Date 05/31/2024	Full name of contributor Flanagan, Susan Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
	Drincinal occu	Richardson, TX 75080  pation / Job title (See Instructions	s)	Employer (See Instructions	-, 		
	Not Employe		,,	Not Employed	٠,		
	Date 06/17/2024	Full name of contributor Flanagan, Susan Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
		Richardson, TX 75080			L		
	Principal occu Not Employe	pation / Job title (See Instructions ed	;) 	Employer (See Instructions Not Employed	5)		
	Date 06/29/2024	Full name of contributor Flanagan, Susan Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	I pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	<u>1</u> S)		
	Date 04/26/2024	Full name of contributor Flores, Hector  Contributor address; City; S  Duncanville, TX 75137	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains hov	ı to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 14/55 Rpt: 17/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 02/14/2024	<ul><li>5 Full name of contributor Galindo, Lilia</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75224 pation / Job title (See Instruction:	9)		Employer (See Instructions	:) 		
0	Sales	pation / 300 title (3ee instructions	5)		EchoPark	•)		
	Date 01/31/2024	Full name of contributor Garcia, Domingo Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	dallas, TX 75247 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> ;)		
	attorney	`	,		Law offices of Domingo		ırcia	
	Date 06/16/2024	Full name of contributor Garcia MD, Catalina E Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75231						
	Principal occu Not Employe	pation / Job title (See Instructionsed	(5)		Employer (See Instructions Not Employed	s)		
	Date 06/29/2024	Full name of contributor Garcia MD, Catalina E Contributor address; City; S Dallas, TX 75231					Amount of Contribution (\$)	\$102.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	5)		
	Date 01/11/2024	Full name of contributor Godfrey, Justin Contributor address; City; S Austin, TX 78721	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
	Principal occu Vice Preside	pation / Job title (See Instructions	s)		Employer (See Instructions Barilla Management Inc			

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 15/55 Rpt: 18/98	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Ramos, Ana	-Maria (The Honorable)				00081730	
4	Date 02/09/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)	ا م	Employer (See Instructions	;)   		
0	Insurance A		ľ	Brooke Hull Ins. Agency			
	Date 06/16/2024	Full name of contributor  Griffin, Patricia  Contributor address; City; Stat  Richardson, TX 75080	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$102.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [		
	Insurance Aç			Brooke Hull Ins. Agency			
	Date 01/11/2024	Full name of contributor Griffith, Nathan Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		New York, NY 10023			<u></u>		
	Software En	pation / Job title (See Instructions) gineer		Employer (See Instructions Betterment	5)		
	Date 01/22/2024	Full name of contributor  Griffith, Nathan  Contributor address; City; State  New York, NY 10023	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Software Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions Betterment	5)		
	Date 03/20/2024	Full name of contributor  HCA Texas Good Governm  Contributor address; City; Stat  Dallas, TX 75240		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	ges Schedule A1: /55 Rpt: 19/98	
2	FILER NAME				1	(Ethics Commissio	n Filers)
	Ramos, Ana	-Maria (The Honorable)			000817	30	
4	Date 01/31/2024	<ul><li>5 Full name of contributor [ Hamblin, Andrea</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	<b>7</b> Amount	of Contribution (\$)	\$100.00
		Richardson, TX 75080					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	S)		
	Volunteer co	ordinator		Richardson Adult Litera	cy Center		
	Date 03/28/2024	Full name of contributor  Hamblin, Andrea  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		Amount	of Contribution (\$)	\$25.00
		Richardson, TX 75080					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Volunteer co	ordinator		Richardson Adult Litera	cy Center		
	Date 01/20/2024	Full name of contributor  Harris, Gerald  Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code		Amount .	of Contribution (\$)	\$15.00
		Houston, TX 77098					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	psychologist			self			
	Date 02/09/2024	Full name of contributor Harris, Gerald Contributor address; City; Sta Houston, TX 77098	out-of-state PAC (ID#: tte; Zip Code	)	Amount	of Contribution (\$)	\$15.00
	Principal occu psychologist	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
	Date 03/01/2024	Full name of contributor Harris, Gerald Contributor address; City; Sta Houston, TX 77098	out-of-state PAC (ID#:		Amount .	of Contribution (\$)	\$15.00
	Principal occu psychologist	pation / Job title (See Instructions)		Employer (See Instructions self	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 17/55 Rpt: 20/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 03/20/2024	<ul><li>5 Full name of contributor     Hillco PAC</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor Hinojosa, Gina Contributor address; City; State				Amount of Contribution (\$)	\$1,000.00
	Delicalization	Austin, TX 78703		Fundamental Construction			
	State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions House District 49	5)		
	Date 01/11/2024	Full name of contributor  Hoskins, Opal  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Ovilla, TX 75154					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i)		
	Date 01/19/2024	Full name of contributor Howden, Norman Contributor address; City; State Dallas, TX 75218	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 01/31/2024	Full name of contributor Howden, Norman Contributor address; City; State Dallas, TX 75218	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu librarian	pation / Job title (See Instructions)		Employer (See Instructions DCCCD	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 18/55 Rpt: 21/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 04/19/2024	<ul><li>5 Full name of contributor Howden, Norman</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions	)	9	Employer (See Instructions			
Ü	librarian	pation 7 oob title (See instructions	,	J	DCCCD	"		
	Date 04/30/2024	Full name of contributor Howden, Norman Contributor address; City; St	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$35.00
		Dallas, TX 75218						
	Principal occu librarian	pation / Job title (See Instructions	)		Employer (See Instructions DCCCD	s)		
	Date 05/31/2024	Full name of contributor Howden, Norman Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$35.00
		Dallas, TX 75218						
	Principal occu librarian	pation / Job title (See Instructions	)		Employer (See Instructions DCCCD	s)		
	Date 06/26/2024	Full name of contributor Howden, Norman Contributor address; City; St Dallas, TX 75218-2318	out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)		Employer (See Instructions Not Employed	5)		
	Date 01/12/2024	Full name of contributor Humann, Walter Contributor address; City; St Dallas, TX 75225	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/55 Rpt: 22/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 02/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Inayathullah, Mohammed</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$17.50
		Irving, TX 75063				
8	Principal occu Architect	ipation / Job title (See Instructions)	9 Employer (See Instructions) Humana	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Inayathullah, Mohammed  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu	Irving, TX 75063  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Architect	panent, our and (our monaction)	Humana	,		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Inayathullah, Mohammed  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$35.00
		Richardson, TX 75081				
	Principal occu Technology	ıpation / Job title (See Instructions) Manager	Employer (See Instructions Humana Inc	)		
	Date 06/16/2024	Full name of contributor out-of-state PAC (ID#:_ Irick, Rachel Contributor address; City; State; Zip Code Richardson, TX 75082			Amount of Contribution (\$)	\$15.00
	Principal occu Copywriter	upation / Job title (See Instructions)	Employer (See Instructions Sanky Communications	)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Jablonski, Carol Contributor address; City; State; Zip Code  Dallas, TX 75248			Amount of Contribution (\$)	\$102.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 20/55 Rpt: 23/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 01/16/2024	Jackson, Sharon  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date 02/08/2024	Jackson, Sharon		)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75243			L		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:		, vot Employed	Г	Amount of Contribution (\$)		
	02/29/2024	Jaeb, Jennifer  Contributor address; City; State; Zip Code				y another of contribution (c)	\$50.00
		Dallas, TX 75240					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 06/30/2024	Jaeb, Jennifer		)		Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 02/29/2024	Kastl, Kristina N.		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions KASTL LAW PC	s)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 21/55 Rpt: 24/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 06/16/2024			)	7	Amount of Contribution (\$)	\$102.00
		Richardson, TX 75081					
8	Principal occu Tutor	pation / Job title (See Instructions)	9	Employer (See Instructions self-employed	5)		
	Date 01/31/2024	Full name of contributor out-of- Kohn, George Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$15.00
	Dringinal occu	Monterey, CA 93940		Employer (See Instructions			
	Clergy	pation / Job title (See Instructions)		Saint James Episcopal		urch	
	Date 06/30/2024	Full name of contributor out-of- Kovich, Sarah  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75229					
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions NA	<u> </u>		
	Date 01/11/2024	Lamont, Adam	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Dallas ISD	<u> </u>		
	Date 02/11/2024	Lamont, Adam	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Dallas ISD	<u>.</u>		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/55 Rpt: 25/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 03/11/2024	Lamont, Adam	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_	5	Dallas, TX 75243					
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Dallas ISD	i) 		
	Date 04/11/2024	Full name of contributor  Lamont, Adam  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75243		Franks von (Cook kantuurtings			
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions Dallas ISD	5)		
	Date 05/11/2024	Full name of contributor  Lamont, Adam  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75243					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Dallas ISD	5)		
	Date 06/13/2024	Full name of contributor  Lamont, Adam  Contributor address; City; State;  Dallas, TX 75243	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Dallas ISD	<u> </u>		
	Date 06/16/2024	Full name of contributor  Lane, Jim  Contributor address; City; State;  Garland, TX 75042	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu Pipe organ to	pation / Job title (See Instructions) ech		Employer (See Instructions Schudi Organ	<u> </u>		
			l				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/55 Rpt: 26/98	
2	FILER NAME	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date	5 Full name of contributor	Out of state DAC (ID#)	)	-	Amount of Contribution (\$)	
4	01/28/2024	Lervisit, Woot  6 Contributor address; City; Sta	out-of-state PAC (ID#:		<b>'</b>	Amount of Contribution (4)	\$100.00
		Dallas, TX 75243					
8	Principal occu Project Mana	pation / Job title (See Instructions) ager	g	Employer (See Instructions RTI	5)		
	Date 04/27/2024	Full name of contributor  Lervisit, Woot  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Attorney	pation / 300 title (See Instituctions)		Self-Employed	"		
	Date 04/30/2024	Full name of contributor  Lowy, Martin  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75230					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 02/09/2024	Full name of contributor  Madison, Ann  Contributor address; City; Sta  Richardson, TX 75080	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Retail store r	pation / Job title (See Instructions) mgr		Employer (See Instructions Lane Bryant	5)		
	Date 03/09/2024	Full name of contributor  Madison, Ann  Contributor address; City; Sta  Richardson, TX 75080	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Retail store r	pation / Job title (See Instructions) mgr		Employer (See Instructions Lane Bryant	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 24/55 Rpt: 27/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 01/30/2024	<ul><li>5 Full name of contributor Maguire-Powell, Alison</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Denton, TX 76210 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 02/29/2024	Full name of contributor  Maguire-Powell, Alison  Contributor address; City; State		)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210	•				
	Principal occur  Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 03/30/2024	Full name of contributor  Maguire-Powell, Alison  Contributor address; City; State	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
	Date 04/30/2024	Full name of contributor  Maguire-Powell, Alison  Contributor address; City; State  Denton, TX 76210	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 05/30/2024	Full name of contributor  Maguire-Powell, Alison  Contributor address; City; State  Denton, TX 76210	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	·)		
	pioyo	-					

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Fotal pages Schedule A1: Sch: 25/55 Rpt: 28/98	
2	FILER NAME	Maria (The Hanarahla)			1	Filer ID (Ethics Commission	Filers)
		-Maria (The Honorable)				00081730	
4	Date 06/30/2024	<ul> <li>5 Full name of contributor</li> <li>Maguire-Powell, Alison</li> <li>6 Contributor address; City; St</li> </ul>	out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
8	Principal occu Not Employe	pation / Job title (See Instructionsed	9	9 Employer (See Instructions Not Employed	5)		
	Date 02/09/2024	Full name of contributor Martinez, Ileana Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)	,	Amount of Contribution (\$)	\$15.00
		El Paso, TX 79902					
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions El Paso Kidney Speciali			
	Date 03/09/2024	Full name of contributor Martinez, Ileana Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$15.00
		El Paso, TX 79902					
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions El Paso Kidney Speciali			
	Date 04/09/2024	Full name of contributor  Martinez, Ileana  Contributor address; City; St  El Paso, TX 79902	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions El Paso Kidney Speciali			
	Date 05/09/2024	Full name of contributor  Martinez, Ileana  Contributor address; City; St  El Paso, TX 79902	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions El Paso Kidney Speciali			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/55 Rpt: 29/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 01/08/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_McGarrahan, Andy</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$3.00
_		Dallas, TX 75248	Ta			
8	Principal occu Psychologisi	upation / Job title (See Instructions) t	9 Employer (See Instructions Self	i) 		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_McGarrahan, Andy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringinal occu	Dallas, TX 75248 upation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu Psychologist		Employer (See Instructions Self	·)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248				
	Principal occu Psychologist	pation / Job title (See Instructions) t	Employer (See Instructions Self	<b>(</b> )		
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248			Amount of Contribution (\$)	\$3.00
	Principal occu Psychologist	upation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u>		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_McGarrahan, Andy  Contributor address; City; State; Zip Code  Dallas, TX 75248			Amount of Contribution (\$)	\$3.00
	Principal occu Psychologisi	upation / Job title (See Instructions) t	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 27/55 Rpt: 30/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 03/15/2024	<ul><li>5 Full name of contributor McGarrahan, Andy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$3.00
_	Dringing age	Dallas, TX 75248		۱۵	Employer (Co.) Instructions	<u></u>		
8	Principal occul Psychologist	pation / Job title (See Instruction: :	5)	9	Employer (See Instructions Self	5)		
	Date 03/30/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S			)		Amount of Contribution (\$)	\$4.00
		Dallas, TX 75248						
	Principal occur Psychologist	pation / Job title (See Instruction:	5)		Employer (See Instructions Self	s)		
	Date 04/10/2024	Full name of contributor  McGarrahan, Andy  Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
	Principal occu Psychologist	pation / Job title (See Instruction	s)		Employer (See Instructions Self	5)		
	Date 04/17/2024	Full name of contributor  McGarrahan, Andy  Contributor address; City; S			)	•	Amount of Contribution (\$)	\$3.00
	Principal occu Psychologist	Dallas, TX 75248 pation / Job title (See Instruction:	5)		Employer (See Instructions Self	<u> </u> s)		
	Date 04/23/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S Dallas, TX 75248	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$4.00
	Principal occu Psychologist	pation / Job title (See Instruction:	5)		Employer (See Instructions Self	s)		
				•				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS			SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 28/55 Rpt: 31/98	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	Ramos, Ana	-Maria (The Honorable) 					00081730	
4	Date 05/10/2024	<ul><li>5 Full name of contributor McGarrahan, Andy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
8	Principal occu Psychologist	pation / Job title (See Instructions	(5)	9 Em Se	nployer (See Instructions If	S)		
	Date 05/20/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
	Principal occu Psychologist	pation / Job title (See Instructions t	s) 	En Se	nployer (See Instructions elf	s)		
	Date 06/02/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248						
	Principal occu Psychologist	pation / Job title (See Instructions	(3)	En Se	nployer (See Instructions elf	5)		
	Date 06/04/2024	Full name of contributor  McGarrahan, Andy  Contributor address; City; S  Dallas, TX 75248	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$4.00
	Principal occu Psychologist	pation / Job title (See Instructions	s)	En Se	nployer (See Instructions	<u>l</u> S)		
	Date 06/18/2024	Full name of contributor McGarrahan, Andy Contributor address; City; S Dallas, TX 75248	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00
	Principal occu Psychologist	pation / Job title (See Instructions	s)	En Se	nployer (See Instructions elf	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 29/55 Rpt: 32/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 01/31/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Meixueiro, Rogelio</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$15.00
_	Deinsinal	Arlington, TX 76010	۱.	Fundament (Construction			
8		pation / Job title (See Instructions)  Community Organizer	9	Employer (See Instructions TOP	5)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Mikesell, Brenda  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Dein sin al a a su	Richardson, TX 75081	_	Fanda an (Carlos basharitan			
	•	pation / Job title (See Instructions) ecialist - Counseling Services		Employer (See Instructions Richardson ISD	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Milazzo, Christine Asberry Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
		pation / Job title (See Instructions) ethodist University		Employer (See Instructions Graphic Designer	s)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Milazzo, Christine Asberry  Contributor address; City; State; Zip Code  Richardson, TX 75081		)	•	Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) ethodist University		Employer (See Instructions Graphic Designer	5)		
	Date 03/31/2024	Full name of contributor out-of-state PAC (ID#:_Milazzo, Christine Asberry  Contributor address; City; State; Zip Code  Richardson, TX 75081			•	Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) ethodist University		Employer (See Instructions Graphic Designer	5)		
		<b>y</b>	<u>1</u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/55 Rpt: 33/98	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		-Maria (The Honorable)				00081730	
4	Date 04/30/2024	<ul> <li>Full name of contributor</li> <li>Milazzo, Christine Asberry</li> <li>Contributor address; City; Sta</li> </ul>		)	7	Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Southern Me	ethodist University		Graphic Designer			
	Date 05/31/2024	Full name of contributor Milazzo, Christine Asberry Contributor address; City; Sta				Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
		ethodist University		Graphic Designer			
	Date 06/30/2024	Full name of contributor Milazzo, Christine Asberry  Contributor address; City; Sta				Amount of Contribution (\$)	\$15.00
		Richardson, TX 75081			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Southern Me	ethodist University		Graphic Designer	_		
	Date 05/31/2024	Full name of contributor  Moskop, Kerry  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 02/08/2024	Full name of contributor Nicolae, Cristina Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions Cristina Nicolae	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/55 Rpt: 34/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 04/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_North, Kenda</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
_		Dallas, TX 75208				
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed	)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_ O'Reilly, Debbie  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
		PLANO, TX 75025				
	Teacher	pation / Job title (See Instructions)	Employer (See Instructions Plano ISD	)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ O'Reilly, Debbie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		PLANO, TX 75025				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Plano ISD	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ O'Reilly, Debbie Contributor address; City; State; Zip Code PLANO, TX 75025	)		Amount of Contribution (\$)	\$15.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Plano ISD	)		
	Date 04/20/2024	Full name of contributor out-of-state PAC (ID#:_ Offices of Marc A. Rodriguez  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 32/55 Rpt: 35/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)				3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 01/06/2024	<ul><li>5 Full name of contributor</li><li>Orr Heath, Angela</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Dallas, TX 75243	.)	0	Employer (See Instructions	<u>'</u>		
0		pation / Job title (See Instructions Diagnostician	5)	9	Employer (See Instructions Irving ISD	>)		
	Date 02/06/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S			)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75243						
		pation / Job title (See Instructions Diagnostician	s)		Employer (See Instructions Irving ISD	s)		
	Date 02/29/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$10.00
	Dringinal occu	Heartland, TX 75126 pation / Job title (See Instructions	., I		Employer (See Instructions	-/- 		
	•	Diagnostician	9)		Employer (See Instructions Irving ISD	>)		
	Date 03/06/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S			)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Educational	Diagnostician			Irving ISD			
	Date 03/29/2024	Full name of contributor Orr Heath, Angela Contributor address; City; S Heartland, TX 75126	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Educational	Diagnostician			Irving ISD			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/55 Rpt: 36/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 04/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Orr Heath, Angela</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
_		Dallas, TX 75243				
8		ıpation / Job title (See Instructions) Diagnostician	Employer (See Instructions     Irving ISD	)		
	Date 04/27/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Heartland, TX 75126  upation / Job title (See Instructions)	Employer (See Instructions			
		Diagnostician	Irving ISD	<i>,</i>		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Heartland, TX 75126				
	•	ıpation / Job title (See Instructions) Diagnostician	Employer (See Instructions Irving ISD	)		
	Date 05/06/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code  Dallas, TX 75243			Amount of Contribution (\$)	\$25.00
	•	upation / Job title (See Instructions)  Diagnostician	Employer (See Instructions Irving ISD	)		
	Date 05/27/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code Heartland, TX 75126	)		Amount of Contribution (\$)	\$10.00
		upation / Job title (See Instructions) Diagnostician	Employer (See Instructions Irving ISD	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/55 Rpt: 37/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 05/29/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$10.00
_	Dissipal	Heartland, TX 75126	O Frankrica (Con Instruction			
8		ıpation / Job title (See Instructions) Diagnostician	9 Employer (See Instructions Irving ISD	)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringinal occu	Dallas, TX 75243 upation / Job title (See Instructions)	Employer (See Instructions			
		Diagnostician	Irving ISD	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Heartland, TX 75126				
	•	ıpation / Job title (See Instructions) Diagnostician	Employer (See Instructions Irving ISD	)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ Orr Heath, Angela Contributor address; City; State; Zip Code Heartland, TX 75126			Amount of Contribution (\$)	\$10.00
		upation / Job title (See Instructions)  Diagnostician	Employer (See Instructions Irving ISD	)		
	Date 04/27/2024	Full name of contributor out-of-state PAC (ID#:_Oshodi, John  Contributor address; City; State; Zip Code  Richardson, TX 75081			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 35/55 Rpt: 38/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 01/31/2024	<ul><li>5 Full name of contributor Pacheco, Vanessa</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	Richardson, TX 75081	lo-	Franks von (Cook kantuurtin na			
8	Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Ohana Cottonwood	5)		
	Date 06/24/2024	Full name of contributor Pantzer, John Contributor address; City; State	out-of-state PAC (ID#:; ; Zip Code	)		Amount of Contribution (\$)	\$35.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
	Engineer	pation / Job title (See instructions)		Skywire Design Inc	')		
	Date 02/29/2024	Full name of contributor Pena, George Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$50.00
		Addison, TX 75001					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 01/22/2024	Full name of contributor Persky, Ronnie Contributor address; City; State Bartlett, TX 76511				Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date 02/10/2024	Full name of contributor Pickens, Belia Contributor address; City; State Pearland, TX 77584	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>;</u> )		
			'				

	MONET	ARY POLITICAL COI		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 36/55 Rpt: 39/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 01/11/2024	Potts, Garry	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions			
Ü	Video produc			Self	')		
	Date 04/26/2024	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75209					
	Video produc	pation / Job title (See Instructions) cer		Employer (See Instructions Self	5)		
	Date 05/26/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75209					
	Principal occu Video produc	pation / Job title (See Instructions) cer		Employer (See Instructions Self	5)		
	Date 06/26/2024	Full name of contributor				Amount of Contribution (\$)	\$25.00
	Principal occu Video produc	pation / Job title (See Instructions) cer		Employer (See Instructions Self	)		
	Date 06/29/2024	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Video produc	pation / Job title (See Instructions) cer		Employer (See Instructions Self	i)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A	1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/55 Rpt: 40/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission Filer 00081730	rs)
4	Date 02/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ RENDY, ALINE 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$:	15.00
8	Principal occu	McKinney, TX 75072	9 Employer (See Instructions			
•	Finance Ana		NCR	')		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_Rice, Jill  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2	25.00
	Principal occu	Richardson, TX 75080  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi		Progressive Pain & Psyc		atry	
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Richard Raymond Campaign  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,00	00.00
		Laredo, TX 78045				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Rosales, Paula Contributor address; City; State; Zip Code  Dallas, TX 75202			Amount of Contribution (\$)	25.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions Dallas County	)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_Salem, M. Emad  Contributor address; City; State; Zip Code  Euless, TX 76040			Amount of Contribution (\$)	50.00
	Principal occu Realtor	ipation / Job title (See Instructions)	Employer (See Instructions Sellstate Metro Realty	<u> </u>		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/55 Rpt: 41/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 02/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Sanders, Nancy  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
_		dallas, TX 75229	I			
8	Principal occu Homebuilde	pation / Job title (See Instructions) r	Employer (See Instructions     Highland	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_Sanders, Nancy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	dallas, TX 75229  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Homebuilde		Highland			
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Sanders, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		dallas, TX 75229				
	Principal occu Homebuilde	pation / Job title (See Instructions) r	Employer (See Instructions Highland	)		
	Date 06/16/2024	Full name of contributor out-of-state PAC (ID#:_ Sanders, Nancy Contributor address; City; State; Zip Code dallas, TX 75229			Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_Schultz, Jaynie  Contributor address; City; State; Zip Code  Dallas, TX 75230			Amount of Contribution (\$)	\$100.00
	Principal occu Government	upation / Job title (See Instructions)	Employer (See Instructions City of Dallas	)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 39/55 Rpt: 42/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 02/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	new York, NY 10023 pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Not Employe			Not Employed	,		
	Date 01/31/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Richardson, TX 75081-5345 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed			
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_Self, Daphne  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$35.00
		Richardson, TX 75081-5345					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_Self, Daphne  Contributor address; City; State; Zip Code  Richardson, TX 75081-5345		)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Shea, Sally Contributor address; City; State; Zip Code Richardson, TX 75081		)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/55 Rpt: 43/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	ı Filers)
4	Date 01/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Sheaks, Robert</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$12.00
_		Irving, TX 75060				
8	Principal occu Lab tech	pation / Job title (See Instructions)	Employer (See Instructions)     Electro Plate Circuitry	)		
	Date 01/20/2024	Full name of contributor out-of-state PAC (ID#:_ Sheaks, Robert Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Deignaignal annu	Irving, TX 75060	Fandayar (Coo Instructions			
	Lab tech	pation / Job title (See Instructions)	Employer (See Instructions Electro Plate Circuitry	)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Sheaks, Robert Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Irving, TX 75060				
	Principal occu Lab tech	pation / Job title (See Instructions)	Employer (See Instructions Electro Plate Circuitry	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Sheaks, Robert Contributor address; City; State; Zip Code Irving, TX 75060	)		Amount of Contribution (\$)	\$7.50
	Principal occu Lab tech	pation / Job title (See Instructions)	Employer (See Instructions Electro Plate Circuitry	)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#:_Sheaks, Robert  Contributor address; City; State; Zip Code  Irving, TX 75060			Amount of Contribution (\$)	\$10.00
	Principal occu Lab tech	pation / Job title (See Instructions)	Employer (See Instructions Electro Plate Circuitry	)		

	MONET	ARY POLITICAL CONTR	SCHEDULE A				
	The Instru	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 41/55 Rpt: 44/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 03/28/2024	<ul> <li>Full name of contributor  out-of-s  Sheaks, Robert</li> <li>Contributor address; City; State; Zip Co</li> </ul>	tate PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Irving, TX 75060					
8	Principal occu Lab tech	pation / Job title (See Instructions)	9	Employer (See Instructions Electro Plate Circuitry	5)		
	Date 04/26/2024	Full name of contributor out-of-s Sheaks, Robert Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$5.00
	Principal occu	Irving, TX 75060 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Lab tech	patient / cob title (coo metactions)		Electro Plate Circuitry	',		
	Date 04/27/2024	Full name of contributor out-of-s Sheaks, Robert Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Irving, TX 75060					
	Principal occu Lab tech	pation / Job title (See Instructions)		Employer (See Instructions Electro Plate Circuitry	5)		
	Date 05/21/2024	Sheaks, Robert				Amount of Contribution (\$)	\$5.00
	Principal occu Lab tech	pation / Job title (See Instructions)		Employer (See Instructions Electro Plate Circuitry	<u>(</u>		
	Date 06/01/2024	Full name of contributor out-of-s Sheaks, Robert Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Lab tech	pation / Job title (See Instructions)		Employer (See Instructions Electro Plate Circuitry	5)		

	MONEI	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/55 Rpt: 45/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 06/16/2024	<ul><li>5 Full name of contributor Sheaks, Robert</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$5.00
8	Principal occu Lab tech	Irving, TX 75060 pation / Job title (See Instructions	5) 9	Employer (See Instructions Electro Plate Circuitry	<u> </u> s)		
	Date 06/24/2024	Full name of contributor Sheaks, Robert Contributor address; City; S Irving, TX 75060	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Lab tech	pation / Job title (See Instructions	s)	Employer (See Instructions Electro Plate Circuitry	<u> </u> S)		
	Date 06/30/2024	Full name of contributor Sheaks, Robert  Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)	•	Amount of Contribution (\$)	\$5.00
	Deireciant	Irving, TX 75060		Faralana (Cara Instructions			
	Lab tech	pation / Job title (See Instructions	5)	Employer (See Instructions Electro Plate Circuitry	5)		
	Date 01/11/2024	Full name of contributor Shevell, Monica Contributor address; City; S Dallas, TX 75254	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u> </u> 		
	Date 03/22/2024	Full name of contributor Shipp, Bill Contributor address; City; S Marana, AZ 85658	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 43/55 Rpt: 46/98	
2	FILER NAME	Maria (The Heaventha)			3	Filer ID (Ethics Commission	n Filers)
		-Maria (The Honorable)	_		L	00081730	
4	Date 05/08/2024	<ul><li>5 Full name of contributor [ Shipp, Bill</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$35.00
		Tucson, AZ 95739					
8	Principal occu Not employe	pation / Job title (See Instructions) rd	9	Employer (See Instructions Not employed	5)		
	Date 06/08/2024	Full name of contributor Shipp, Bill Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$35.00
	Dringing coou	Tucson, AZ 95739		Employer (See Instructions	·/ 		
	Not employe	pation / Job title (See Instructions)		Not employed	)		
	Date 02/27/2024	Full name of contributor [ Shirley, Tom Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75248					
	Principal occu Programmer	pation / Job title (See Instructions)		Employer (See Instructions Caffeine Inc	5)		
	Date 01/19/2024	Full name of contributor Shure, Judith Contributor address; City; Sta Dallas, TX 75209	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 06/16/2024	Full name of contributor Siddiqui, Aftab Contributor address; City; Sta Arlington, TX 76002	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Planner	pation / Job title (See Instructions)		Employer (See Instructions American Airlines	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/55 Rpt: 47/98	
2	FILER NAME Ramos, Ana	ı-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	Filers)
4	Date 05/21/2024	5/21/2024 Slack, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
_		Richardson, TX 75081				
8	Principal occu Firefighter	ipation / Job title (See Instructions)	9 Employer (See Instructions City of Dallas	)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Slack, William  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Deignaignal annu	Richardson, TX 75081	Familia var (Coo Instructions			
	Firefighter	ipation / Job title (See Instructions)	Employer (See Instructions City of Dallas	)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Libby Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Ponca City, OK 74601				
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Libby  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Principal occu	Ponca City, OK 74601  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Not Employe		Not Employed			
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Libby  Contributor address; City; State; Zip Code  Ponca City, OK 74601	)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)		

	MONET	ARY POLITICAL CON		SCHEDUL	SCHEDULE A1		
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 45/55 Rpt: 48/98	
2	FILER NAME Ramos, Ana-	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	Date 06/01/2024	Smith, Libby	of-state PAC (ID#: Code	)	7	Amount of Contribution (\$)	\$5.00
8	Principal occur	Ponca City, OK 74601 pation / Job title (See Instructions)	lg	Employer (See Instructions			
Ŭ	Not Employe			Not Employed	,		
	Date 01/26/2024	Swift, Linda  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$102.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions	)		
	not employed			none	,		
	Date 02/27/2024	Full name of contributor out- Swift, Linda  Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$50.00
		Richardson, TX 75081					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions none	)		
	Date 04/26/2024	Swift, Linda	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occup not employed	pation / Job title (See Instructions)		Employer (See Instructions none	)		
	Date 01/12/2024	Syed, Hisham	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	poation / Job title (See Instructions)		Employer (See Instructions self	)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 46/55 Rpt: 49/98	
2	FILER NAME Ramos, Ana	FILER NAME Ramos, Ana-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	ı Filers)	
4	02/01/2024 Syed, Hisham  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	9	Employer (See Instruction	s)		
	not employed self  Date Full name of contributor out-of-state PAC (ID#:)  06/25/2024 Syed, Sanober  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Dallas, TX 75240  Principal occupation / Job title (See Instructions)  Broker  Employer (See Instructions)  Lions Gate Medical		<u> </u> s)				
	Date Full name of contributor out-of-state PAC (ID#:)  O4/26/2024 Taylor, Tom  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
		Dal, TX 75243 pation / Job title (See Instructions)		Employer (See Instruction:	s)		
	Not Employed  Date Full name of contributor out-of-state PAC (ID#:)  Taylor, Tom  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instruction: Not Employed	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)  05/31/2024 Taylor, Tom  Contributor address; City; State; Zip Code  Dal, TX 75243			Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instruction: Not Employed	s)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/55 Rpt: 50/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	on Filers)
4	Date 03/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas American Federation of Teachers  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
Date Full name of contributor out-of-state PAC (ID#:)  03/20/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/21/2024	Full name of contributor out-of-state PAC (ID#:_ Toperzer, Charles  Contributor address; City; State; Zip Code  Garland, TX 75042	)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Toperzer, Charles Contributor address; City; State; Zip Code Garland, TX 75042			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 48/55 Rpt: 51/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	n Filers)
4	05/17/2024 Toperzer, Chuck  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
8	Dringinal occu	Garland, TX 75042 pation / Job title (See Instructions)	lo.	Employer (See Instructions	_		
0	Not Employe			Not Employed	')		
	Date Full name of contributor out-of-state PAC (ID#:)  06/05/2024 Tulloch, Barbara  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Dallas, TX 75243					
	Principal occu Administrativ	pation / Job title (See Instructions) ve Officer		Employer (See Instructions DHHS/IHS	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/30/2024 Uhrik, Francis  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00		
		Richardson, TX 75080					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i)		
	Date Full name of contributor out-of-state PAC (ID#:) United Food and Commercial Workers International Union  Contributor address; City; State; Zip Code  Washington, DC 20006			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/21/2024	Full name of contributor  Vaughn, Linda  Contributor address; City; State  Richardson, TX 75081	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/55 Rpt: 52/98		
2	FILER NAME Ramos, Ana	-Maria (The Honorable)		3	Filer ID (Ethics Commission 00081730	n Filers)	
4	06/11/2024 Walter, Christopher  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00		
		Dallas, TX 75243-6153					
8	Principal occu ALJ	pation / Job title (See Instructions)	Employer (See Instructions     TWC	i)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2024 Walter, Kandace  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Richardson, TX 75081  pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>			
	Lawyer SMU						
	Date Full name of contributor out-of-state PAC (ID#:)  01/22/2024 Warner, Audrey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
		Richardson, TX 75080					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	i)			
	Date Full name of contributor out-of-state PAC (ID#:)  04/26/2024 Warner, Audrey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	Pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)			
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Warner, Audrey  Contributor address; City; State; Zip Code  Richardson, TX 75080			Amount of Contribution (\$)	\$15.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	()			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 50/55 Rpt: 53/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	on Filers)
4	06/16/2024 Warner, Audrey  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$15.00			
8	Dringing agg	Richardson, TX 75080	lo.	Employer (See Instructions	<u></u>		
0	Not Employe	pation / Job title (See Instructions) ed	ا	Not Employed	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  05/21/2024 Whitehead, Melissa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Not Employed Not Employed			·)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/16/2024 Whittet, Scott  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
		Dallas, TX 75243					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/20/2024 Wholesale Beer Distributors of Texas  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/11/2024	Full name of contributor out-of-state for Wilson-Jones, Bridget  Contributor address; City; State; Zip Code  Dallas, TX 75248	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sergeant of	Police		City of Dallas			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 51/55 Rpt: 54/98	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Ramos, Ana	os, Ana-Maria (The Honorable)			00081730		
4	Date 01/31/2024	<ul><li>5 Full name of contributor Wyatt, Debra</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ite; Zip Code		7	Amount of Contribution (\$)	\$50.00
		Richardson, TX 75081					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Volunteer Co	pordinator		Heart to Heart Hospice			
	Date Full name of contributor out-of-state PAC (ID#:)  03/01/2024 Yancy, Max  Contributor address; City; State; Zip Code  Austin, TX 78765			Amount of Contribution (\$)	\$12.00		
	Dringing conu			Employer (See Instructions	<u>'</u>		
Principal occupation / Job title (See Instructions)  Owner  Employer (See Instructions)  Plum Creek Records &		Employer (See Instructions Plum Creek Records &		290			
		T = "		Tidili Cicck (Ccolds &	τα <sub>ι</sub>		
Date Full name of contributor out-of-state PAC (ID#: 04/24/2024 chizeck, susan  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$7.50		
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Not Employe	ed		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)  Chizeck, susan  Contributor address; City; State; Zip Code  Dallas, TX 75254			Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 02/14/2024	Full name of contributor groshardt, joanne Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 52/55 Rpt: 55/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	r Filers)
4	02/28/2024 groshardt, joanne  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
8	Dringinal occu	Richardson, TX 75081 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/-		
0	Not Employe		9	Not Employed	·)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/28/2024 groshardt, joanne  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Delinational	richardson, TX 75081		Frankrick (October Street and Street	<u></u>		
Principal occupation / Job title (See Instructions)  Not Employed  Not Employed  Not Employed		Employer (See Instructions Not Employed	5)				
Date Full name of contributor out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$15.00		
		plano, TX 75075					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/21/2024 long, mauri  Contributor address; City; State; Zip Code  Garland, TX 75042		•	Amount of Contribution (\$)	\$35.00		
	Principal occu Financial Ma	pation / Job title (See Instructions)		Employer (See Instructions Modern Family Vision	<u>I</u> S)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/27/2024 long, mauri  Contributor address; City; State; Zip Code  Garland, TX 75042		•	Amount of Contribution (\$)	\$50.00		
	Principal occu Financial Ma	pation / Job title (See Instructions)		Employer (See Instructions  Modern Family Vision	5)		
	. manoan wa	go!	<u> </u>				

	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	Maria (The Heaventh)			3	Filer ID (Ethics Commission	n Filers)
		-Maria (The Honorable)				00081730	
4	Date 06/11/2024	<ul><li>5 Full name of contributor rushing, Don</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$15.00
		Lubbock, TX 79423					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Real Estate			Lubbock Commercial BI	ldgs	i.	
	Date Full name of contributor out-of-state PAC (ID#:)  05/31/2024 saracho, erma  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75227					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
Not Employed Not Employ		Not Employed					
Date Full name of contributor out-of-state PAC (ID#:_01/18/2024 taylor, tom  Contributor address; City; State; Zip Code		out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75243					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	•		Not Employed	-,		
Date Full name of contributor out-of-state PAC (ID#:  01/22/2024 taylor, tom  Contributor address; City; State; Zip Code  Dallas, TX 75243		)	•	Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 01/28/2024	Full name of contributor taylor, tom  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		

	MONETARY POLITICAL CONTRIBUTIONS				<b>■ A1</b>		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 54/55 Rpt: 57/98	
2	FILER NAME Ramos, Ana	-Maria (The Honorable)			3	Filer ID (Ethics Commission 00081730	ı Filers)
4	02/28/2024 taylor, tom  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00		
8	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
Not Employed		ed		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)  03/28/2024 taylor, tom  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
		Dallas, TX 75243					
Principal occupation / Job title (See Instructions)  Not Employed  Not Employed  Not Employed		Employer (See Instructions	s)				
			_				
Date Full name of contributor out-of-state PAC (ID#: 03/28/2024 taylor, tom  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$15.00	
		Dallas, TX 75243					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/28/2024 taylor, tom  Contributor address; City; State; Zip Code  Dallas, TX 75243			Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 05/28/2024	Full name of contributor taylor, tom Contributor address; City; State Dallas, TX 75243	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	тчог Етіріоуе	.u		тот шпрюуец			

2 FIII Ra 4 Da 04 8 Pri No Da 05	taylor, tom d  Contributor address; City; State; Zip Code	1 Total pages Schedule A1: Sch: 55/55 Rpt: 58/98  3 Filer ID (Ethics Commission Filers) 00081730  7 Amount of Contribution (\$) \$15.0
8 Pri No Da O5	amos, Ana-Maria (The Honorable)  te	00081730  7 Amount of Contribution (\$)
8 Pri No Da O5	tte 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)
Da 05	Dellas, TV 75242 0500	l l
Da 05	Dallas, TX 75243-6506 Incipal occupation / Job title (See Instructions)  9 Employer (See	Instructions)
O5	of Employed Not Employed	
No	te Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$15.0
No	Dallas, TX 75243-6506	
Da	incipal occupation / Job title (See Instructions)  Employer (See Not Employed	
06	tite Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$50.0
	incipal occupation / Job title (See Instructions)  Employer (See Instructions)  Not Employed	

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 59/98 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ramos, Ana-Maria (The Honorable) 00081730 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 03/20/2024 Warner, Mike \$350.00 Email blast 7 Contributor address; City; State; Zip Code $\mathsf{TX}$ Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/39 Rpt: 60/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/08/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.49	1360 S Plano Rd
L		Richardson, TX 75081
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Fxpense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	01/07/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	5.	
	Date	Payee name
	01/14/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.08	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/39 Rpt: 61/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/21/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.87	369 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit eard processing foe
		Credit card processing fee
_	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	01/28/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.90	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fee
		Credit card processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Para and a second
	Date 02/04/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.89	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fee
		Greate data processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
l		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/39 Rpt: 62/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/11/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.17	369 Summer St
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	L L Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	02/18/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.74	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fee
		Credit card processing fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
⊨	Date	
	Date 02/25/2024	Payee name
		ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.62	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/39 Rpt: 63/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/03/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.90	369 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fee
		Credit data processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	03/10/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.19	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Computate ONLY if direct	Condidate/Officeholder some
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date	Payee name
	03/17/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.49	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit pard processing for
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
_	Sch: 5/39 Rpt: 64/98	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	_
	03/24/2024	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$39.96	369 Summer St	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Credit card processing fee	
		Credit card processing ree	
<u>a</u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
3	expenditure to benefit C/O		
	Data		=
	Date	Payee name	
	03/31/2024	ActBlue Technical Services	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.13	369 Summer St	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	04/07/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$40.69	369 Summer St	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			-

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/39 Rpt: 65/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/14/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.09	369 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cradit cord processing foe
		Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	04/21/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.91	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of or	
	Date	Payee name
	04/28/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.54	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	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
	onpenditure to beliefft C/Of	•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			Instruction Guide explains I	•	s/Contract Labor	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 7/39 Rpt: 66/98		aria (The Honorable)			00081730	
4	Date	5 Payee name					
	05/05/2024	ActBlue Techni	cal Services				
6	Amount (\$) \$33.43	<ul><li>7 Payee address;</li><li>369 Summer S</li><li>Somerville, MA</li></ul>	t	Zip Code			
8	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sch	edule) (b)	Description		
	OF EXPENDITURE	Fees			ш	outside of Texas. Com	
					_	, TX, officeholder living rocessing fee	g expense
					Credit card pr	rocessing lee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	older name C	) Office sought		Office he	eld
	Date	Payee name					
	05/12/2024	ActBlue Techni	cal Services				
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$7.46	369 Summer S	t				
		Somerville, MA	02144				
	PURPOSE OF		tegories listed at the top of this sche	edule) (b)	Description		aleka Cabadala T
	EXPENDITURE	Fees				outside of Texas. Com , TX, officeholder living	
					Credit card p		,
						_	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	older name C	Office sought		Office he	eld
	Date	Payee name					
	05/19/2024	ActBlue Techni	cal Services				
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$7.98	369 Summer S	t				
		Somerville, MA	02144				
	PURPOSE OF	(a) Category (See Ca	tegories listed at the top of this sch	edule) (b)	Description		
	EXPENDITURE	Fees			ш	outside of Texas. Com , TX, officeholder living	
					ш	rocessing fee	g expense
					Sicult cald pi	roccooming rec	
	Complete ONLY if direct	Candidate/Officeh	older name			Office he	eld
	expenditure to benefit C/O		J.G.S. Harris	oc oougin		Omice III	···

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/39 Rpt: 67/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/26/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	369 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
_	Compulate ONII V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/02/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.98	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	_	
	Date	Payee name
	06/09/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.94	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cradit cord processing for
		Credit card processing fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/39 Rpt: 68/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/16/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.69	369 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		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
	CAPERICITIES TO DETICAL C/OF	1
	Date	Payee name
	06/23/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.72	369 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
$\vdash$	Data	Davida nama
	Date 06/30/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.23	369 Summer St
L		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing for
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

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

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

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

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

### SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Leg.

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/39 Rpt: 70/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/03/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
	<del></del>	
		San Jose, CA 95110
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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
	experiditure to beliefit C/OI	<u> </u>
	Date	Payee name
	05/02/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software license
		Software licerise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/04/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
	Ψ21.04	545 Fulk/WC
		San Jose, CA 95110
	DUDDOCE	To a
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software license
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<u> </u>

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/39 Rpt: 71/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/26/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.74	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	02/26/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.03	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 05/16/2024	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.98	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Описе зарриез
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pat listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/39 Rpt: 72/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/22/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.04	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/16/2024	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$27.65	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/01/2024	Amazon
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$145.03	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Office supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/39 Rpt: 73/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/29/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.80	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Data	Para a same
	Date	Payee name
	03/25/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date 05/16/2024	Payee name
		Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	One Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Conference call app
		Conference can app
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/39 Rpt: 75/98	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	•
	01/02/2024	Bank of Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.50	333 W Cambell Rd	
		Richardson, TX 75080	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	iion
	OF EXPENDITURE	Fees	if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	☐ Check Mercha	rif Austin, TX, officeholder living expense
		IVICIONA	uit ices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Ĭ	expenditure to benefit C/O		Office Held
_	Date	Dayso name	
	02/02/2024	Payee name Bank of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.50	333 W Cambell Rd	
	Ψ22.30	333 W Campen Na	
		Richardson, TX 75080	
	PURPOSE	(a) a	· · · · · · · · · · · · · · · · · · ·
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Descript  Check	IION : if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	if Austin, TX, officeholder living expense
		Mercha	ant fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialitate to beliefit 6/61	1	
	Date	Payee name	
	03/04/2024	Bank of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.50	333 W Cambell Rd	
		Richardson, TX 75080	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	OF EXPENDITURE	1 663	if travel outside of Texas. Complete Schedule T.
		Mercha	if Austin, TX, officeholder living expense
		Werene	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	<del></del>

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/39 Rpt: 77/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/16/2024	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$324.74	9378 N Central Expy
		Dallas, TX 75231
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Color printer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/24/2024	Biden Victory Fund
	Amount (\$) \$54.13	Payee address; City; State; Zip Code
	Φ04.13	430 South Capitol Street SE
		Washington, DC 20003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 3.100.0
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payes name
	03/19/2024	Payee name  Canva Pty Ltd
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.40	2/2 Lacey Street
		Surry Hills NSW 02010 Australia
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Branding app
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 19/39 Rpt: 78/98	L	Ramos, Ana	ı-Maria (The I	Honorable)					00081730	
4	Date	5	Payee name								
	02/13/2024		Carol Lynn	Sanchez Can	npaign						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$1,000.00		P.O. Box 18	23							
			Harlingen, T	X 78551							
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations	Made By					de of Texas. Comp	
			Candidate/C	otticeholder/P	olitical Comm	ıttee		Campaign co		officeholder living	expense
								Campaign CO	11111	ibution	
9	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office sou	lapt			Office he	Nd
9	expenditure to benefit C/O			CHOIGE HAITE		7111CE 50U	agrit			Onice ne	JIU
	Date		Payee name						_		
	04/19/2024		Costco Who	lesale							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$425.46		8055 Churc	nill Way							
			Dallas, TX 7	5251							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			nead/Rental E				<b>—</b>		de of Texas. Comp	
	-							Office refriger		officeholder living	expense
								Jinoc reinger	· all		
_	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O				_		J				
H	Date	Π	Payee name								
	06/18/2024		Curb								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	ode				
	\$39.09		11-11 34th		Juic,	_,,	- 40				
	400.00			-							
			Long Island	City, NY 111	06				_		
	PURPOSE OF	(a)			at the top of this sch		(b)	Description			
	EXPENDITURE		•	on Equipmen	it And Related	I		브		de of Texas. Comp officeholder living	
			Expense					Taxi	, 1,	omeenouel living	спрепас
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O						•				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 20/39 Rpt: 79/98	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	_
	02/21/2024	Dallas County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,000.00	4209 Parry Ave	
		Dallas, TX 75223	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Annual Fish Fry	
Ļ	0 1 2 0 1 1 0 1 1 1 1 1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕			_
	Date	Payee name	
	06/06/2024	Extra Space Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.00	2809 Belt Line Rd	
		Garland, TX 75044	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Storage rental	
		Clorage (Chica)	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	_
	05/06/2024	Extra Space Storage	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$101.00	2809 Belt Line Rd	
		Garland, TX 75044	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Storage rental	
<u> </u>	Commission ONU V. St. alling.	Condidate/Officeholder name Office country	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
$\vdash$	•		
<u></u>			

#### SCHEDULE F1

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

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

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

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

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

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 23/39 Rpt: 82/98	Ramos, Ana-Maria (The Honorable)  00081730
4	Date	5 Payee name
	06/11/2024	Goodman Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$595.00	211 E 7th St
		Suite 20
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	06/11/2024	Goodman Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$766.25	211 E 7th St
		Suite 20
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting
		Constant
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2024	Goodman Campaigns
-	Amount (\$)	Payee address; City; State; Zip Code
	\$1,216.55	211 E 7th St
	Ψ1,210.33	
		Suite 20
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/39 Rpt: 83/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/29/2024	Goodman Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$957.88	211 E 7th St
		Suite 20
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Consulting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gmail accounts
		Cinal accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/02/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.56	1600 Amphitheatre Parkway
	Ψ10.50	1000 Amphiliteatie i arkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Gmail accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manna Calcadada 54	
1	Total pages Schedule F1:	
L	Sch: 26/39 Rpt: 85/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/04/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$28.21	1600 Amphitheatre Parkway
	Ψ20.21	1000 / Impliture and 1 answay
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Gmail accounts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/03/2024	Google
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
	Ψ13.33	1000 / Impliture atternation
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Gmail accounts
		Giliali accounts
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/03/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
	,	
		Mountain View, CA 04042
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gmail accounts
		Giriai accounts
	Complete ONLY !f -!!	Condidate/Officeholder name Office assists
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmano to Sononi Oron	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total manage Outradiate 54	,
1 Total pages Schedule F1:	
Sch: 27/39 Rpt: 86/98	Ramos, Ana-Maria (The Honorable) 00081730
4 Date	5 Payee name
05/02/2024	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.38	1600 Amphitheatre Parkway
Ψ10.00	1000 / imprintication artivaly
	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Gmail accounts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1
Date	Payee name
05/01/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$30.70	1600 Amphitheatre Parkway
400.110	2000 / Impinatoda o Farmay
	Manustais Vienn QA 04040
	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Gmail accounts
	Ginali accounts
One make the ONE Wife diagram	On didn't 10ff a halden game.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/05/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$20.42	1600 Amphitheatre Parkway
	Mountain View, CA 94043
DUDDOCE	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Gmail accounts
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manua Cabadala E1.	C File D MANE
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
4	Date	5 Payee name
	04/02/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Gmail accounts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	
	Date	Payee name
	01/22/2024	It's Going to Be Ok Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	4232 S Westmoreland Rd
		Dallag TV 75000
		Dallas, TX 75233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
H	Date	Payon namo
		Payee name
	01/22/2024	It's Going to Be Ok Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4232 S Westmoreland Rd
		Dallas, TX 75233
		I ma
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sandidate/ Sindonoladi/i Sintidat Sommittee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)
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	5 Payee name
	01/02/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.14	185 Berry St
		Suite 5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Taxi fare
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2024	Muslim Democratic Caucus of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	601 Engleside Dr
		Arlington, TX 76018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Database services
9	Complete ONLY if direct expenditure to benefit C/O	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Database services
	Complete ONLY if direct expenditure to benefit C/O	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Database services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/39 Rpt: 90/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/07/2024	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$341.12	1445 New York Ave NW
		Suite 200
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Database services
		Database services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/06/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	1445 New York Ave NW
		Suite 200
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Database services
		Database Solvides
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/08/2024	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	1445 New York Ave NW
		Suite 200
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Database services
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission File	rs)
	Sch: 32/39 Rpt: 91/98	Ramos, Ana-Maria (The Honorable)			00081730		
4	Date	5 Payee name					
	01/03/2024	Public Storage					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$268.00	920 Audelia Rd					
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Richardson, TX 75081					
8	PURPOSE OF	, , ,	Description		ide of Texas Com	iplete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense			, officeholder living		
			Storage re	ental			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld	
	experialitare to benefit C/Oi	'					
	Date	Payee name					
	02/05/2024	Public Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$268.00	920 Audelia Rd					
		Richardson, TX 75081					
	PURPOSE OF	, ,	Description		ide of Toyac Com	iplete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense	ш		, officeholder living		
			Storage re	ental			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld	
	experientare to benefit Great	'					
	Date	Payee name					
	03/05/2024	Public Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$268.00	920 Audelia Rd					
		Dichardoon TV 75001					
		Richardson, TX 75081					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if tr		ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Overfleau/Refital Expense			, officeholder living		
			Storage re	ental			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	:		Office he	eld	
	Orialians to bottom of of	•					

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>		<u> </u>	_
1	Total pages Schedule F1:		
	Sch: 33/39 Rpt: 92/98	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
	04/16/2024	Public Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$25.00	920 Audelia Rd	
		Richardson, TX 75081	
Ļ			_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Storage rental	
		Clorage romai	
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office hold	_
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	04/09/2024	Public Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$268.00	920 Audelia Rd	
		Richardson, TX 75081	
_	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Storage rental	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payeo namo	=
	02/05/2024	Payee name Scholastic	
		Scholastic	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$653.27	3030 Robinson Rd	
		Jefferson City, MO 65101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\exists$
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Books for RISD kids	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			٦
			_

### SCHEDULE F1

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

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

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

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

e Travel in Dis se Travel Out o s/Contract Labor OTHER (ent

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/39 Rpt: 93/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/02/2024	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.94	1331 S Plano Rd
		Richardson, TX 75081
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.09	1331 S Plano Rd
		Richardson, TX 75081
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/12/2024	Payee name Shell
		5.151
	Amount (\$) \$40.16	Payee address; City; State; Zip Code 1331 S Plano Rd
	Ψ40.10	1331 3 FIGHO NU
		Richardson, TX 75081
	DUDDOGE	·
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/39 Rpt: 94/98	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/08/2024	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.59	1331 S Plano Rd
		Richardson, TX 75081
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
		Gusomic
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	01/09/2024	Switchboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.25	P.O. Box 33485
		Washington, DC 20043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Texting service
		Toxing our view
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	02/08/2024	Switchboard
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.19	P.O. Box 33485
		Washington, DC 20043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Texting service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefft 6/01	•

### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
Sch: 36/39 Rpt: 95/98	Ramos, Ana-Maria (The Honorable)		00081730
4 Date	5 Payee name		
03/07/2024	Switchboard		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$123.73	P.O. Box 33485		
	Washington, DC 20043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE			Check if Austin, TX, officeholder living expense
			Texting service
• • • • • • • • • • • • • • • • • • •		<u> </u>	000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght	Office held
Date	Payee name		
06/06/2024	Switchboard		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$338.70	P.O. Box 33485		
	Washington, DC 20043		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Texting service
			Texting service
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held
expenditure to benefit C/O		J	
Date	Payee name		
05/09/2024	Switchboard		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$111.62	P.O. Box 33485	Juc	
411101	1.6. 26. 66.166		
	Washington, DC 20043		
PURPOSE		(h)	Description
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Texting service
		L	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
expenditure to benefit C/O	H		

#### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 37/39 Rpt: 96/98 Ramos, Ana-Maria (The Honorable)	00081730
4 Date 5 Payee name	
04/19/2024 Switchboard	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$116.66 P.O. Box 33485	
Washington, DC 20043	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	
Advertising Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Texting serv	
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
Date Payee name	
02/05/2024 Texas Democratic Party	
Amount (\$) Payee address; City; State; Zip Code	
\$1,300.00 PO Box 116	
\$1,500.00   PO BOX 110	
Austin, TX 78767	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
I EXPENDITURE   Office Overhead/Nethal Expense	el outside of Texas. Complete Schedule T.
VAN access	tin, TX, officeholder living expense
VAIV decess	5
Complete ONLY if direct Candidate/Officeholder name Office sought	Office held
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office field
Date Payee name	
06/17/2024 US Postal Service	
Amount (\$) Payee address; City; State; Zip Code	
\$400.00   1206 Apollo Rd	
Richardson, TX 75081	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
Check if Aust	tin, TX, officeholder living expense
PO Box ren	tai
Complete ONLY if divert Condidate/Office held on the condition of the cond	Office hold
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
,	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
_	Total manage Calculula E4.	O FILED MANE								
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	5 Payee name								
	01/10/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.								
		Candidate/Officeholder/Political Committee								
		Campaign contribution								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	06/27/2024	Wix								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.78	2601 Mission St								
		San Francisco, CA 94110								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Website								
		Website								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
	Date	Payee name								
	06/05/2024	World Traveler Assist								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$149.95	530-B Harkle Road								
		Ste 100								
		Santa Fe, NM 87505								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense								
		TSA Pre-check								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Comi	nittee	Gift/Award Legal Ser		Expense		xpens Wages	e Contract Labor		Travel in Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1:	2	ILER NAME	Ξ						3	Filer ID	(Ethics Commission Filers)
	Sch: 39/39 Rpt: 98/98	F	Ramos, An	a-Maria	(The Ho	norable)					00081730	
4	Date	5 F	Payee name									
	06/17/2024	2	Zoom									
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	ode				
	\$170.46	[	55 Almader	n Blvd								
		(	6th Floor									
		(	San Jose, (	CA 951:	13							
8	PURPOSE	(a) (	Category (S	ee Categoi	ries listed at t	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense										
	LA LIBITORE		Office Overficad/Northal Expense							g expense		
									video conte	renc	ang	
9	Complete ONLY if direct	<u> </u>	andidate/Offi	iceholde	r name		Office sou	ıabt			Office h	neld
	expenditure to benefit C/OI		andidate/On	ccrioiac	THAITIC		Jilice 300	agrit			Office i	iciu