FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082014 40 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Robbie S. NAME Date Received **ELECTRONICALLY FILED** 07/12/2024 NICKNAME LAST **SUFFIX** Partida-Kipness CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Robbie S. NAME NICKNAME LAST **SUFFIX** Partida-Kipness **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 405-6480 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

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Court Of Appeals, Justice Place 2 District 5

Court Of Appeals, Justice Place 2 District 5

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Partida-Kipness, Rob	bie S. (The Honorable)	14 Filer ID 00082014	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	itical expenditures made by political of made without the candidate's or office this information only if they receive n	ceholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASU	JRER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS								
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION	,	\$ 0.00				
		CAL CONTRIBUTIONS		\$ 9,000.00				
EXPENDITURE	` ·	PLEDGES, LOANS, OR GUARANTE ZED POLITICAL EXPENDITURES	EES OF LOANS)	\$ 0.00				
TOTALS	4. TOTAL POLIT	CAL EXPENDITURES						
				\$ 63,128.30				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	\$ 100,028.08				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	IG LOANS AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
			i, under penalty of perjury, that the ac and includes all information required lection Code.					
		Th	ne Honorable Robbie S. Partida-	Kipness				
			Signature of Candidate or Officeho	· ·				
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subsc	ribed before me, by the s	aid	, this the	day				
of								
Signature of office	er administering oath	Printed name of officer adminis	etering oath Title of office	er administering oath				
Signature of Office	or administering batti	i milea name oi omeei aamiins	July Oddin Tille of Office	or administering batti				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				C	OVER SHEE	T PG 3 3 of 40
		R NAN ida-Ki	(Ethics Commiss	ion Filers)		
		EDULI		SUBTOTAL	AMOUNT	
	NAM	IE OF	SCHEDULE		302101712	7111100111
:	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)				\$	9,000.00
:	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
;	3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
	4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
į	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	63,128.30	
	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
-	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
;	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	DNS	\$	
	12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	4,241.84

	MONET	ARY POLITICAL CO	ONTRIBUTIO)NS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages	s Schedule A(J)1 Rpt: 4/40	L:
2	FILER NAME Partida-Kipn	ness, Robbie S. (The Honorable	e)		3	Filer ID (E	Ethics Commissi 1	on Filers)
4	Date 06/04/2024	5 Full name of contributor Lynn Pinker Hurst & Schwe6 Contributor address; City; StateDallas, TX 75201			7	Amount of	Contribution (\$)	\$1,000.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	<u></u>			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	12 If contributor is a child, law firm of parent(s) (if any)							
	Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 Rafi, Ayesha Contributor address; City; State; Zip Code			Amount of	Contribution (\$)	\$1,000.00		
		Plano, TX 75023						
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney		('f om/)		
	Rafi Dubose	employer/law firm		Law firm of contributor's sp Rafi Dubose	lOus	se (II arry)		
		is a child, law firm of parent(s) (if any	I y)	1.0 2.0.0.0.				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of	Contribution (\$)	
	04/12/2024 Scott Gilmore Thompson PLLC Contributor address; City; State; Zip Code Dallas, TX 75202						\$500.00	
	Contributor's F	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm Law firm of			Law firm of contributor's sp	ous	se (if any)			
	If contributor is a child, law firm of parent(s) (if any)							

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE	A(J)1
The Instru	ıction Guide explains how	to complete this f	form.	1		ges Schedule A(J) 2 Rpt: 5/40)1:
2 FILER NAME Partida-Kip	eness, Robbie S. (The Honorat	ole)		3	Filer ID 000820	(Ethics Commiss	sion Filers)
4 Date 06/04/2024	Date 06/04/2024 5 Full name of contributor out-of-state PAC (ID#:) Stinson LLLP 6 Contributor address; City; State; Zip Code			7	Amount	of Contribution (\$)	\$1,500.00
9 Contributor's	Kansas City, MO 64106 Contributor's Principal Occupation 9 Contributor's Job Title						
6 Continuators	Fillicipal Occupation		5 Continuator 5 Job Title				
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)		
12 If contributor	is a child, law firm of parent(s) (if a	 ลกy)					
Date 04/17/2024	Full name of contributor Wingo, Paul Contributor address; City; Si)		Amount	of Contribution (\$)	\$5,000.00
	Dallas, TX 75201						
Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>			
Attorney			Attorney				
Hamilton W			Law firm of contributor's sp	oou	se (if any)		
If contributor	is a child, law firm of parent(s) (if a	any)					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/34 Rpt: 6/40	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 01/31/2024	5 Payee name Bank of Texas
6	Amount (\$) \$2.00	7 Payee address; City; State; Zip Code PO Box 29775 Dallas, TX 75229
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank service charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/28/2024	Payee name Bank of Texas
	Amount (\$) \$2.00	Payee address; City; State; Zip Code PO Box 29775 Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank service charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/29/2024	Payee name Bank of Texas
	Amount (\$) \$2.00	Payee address; City; State; Zip Code PO Box 29775
	PURPOSE OF EXPENDITURE	Dallas, TX 75229 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank service charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/34 Rpt: 7/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	04/30/2024	Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	PO Box 29775
		Dallas, TX 75229
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 service charge
		Dailk Service Charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit Gree	
	Date	Payee name
	05/31/2024	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 28775
		Dallas, TX 75229
	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 service charge
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/28/2024	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 28775
		Dallas, TX 75229
	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
I		bank service charge
L	Operation ON VIVIII	Overfields (Office health and an
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card i ayment	The Instruction Guide explains how to complete this for	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/34 Rpt: 8/40	Partida-Kipness, Robbie S. (The Honorable)	00082014
4	Date	5 Payee name	
	01/12/2024	Beyond the Slogan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$425.00	2710 Routh Creek #4120	
		Richardson, TX 75082	
8	PURPOSE		41
l°	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	OTION k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consuming Expense	ck if Austin, TX, officeholder living expense
		fundra	ising and communications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	06/17/2024	Bullard, Zachary	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2710 Routh Creek #4120	
	Ψ100.00	2710 Nouth Greek #4120	
		Dichargen TV 75002	
		Richarson, TX 75082	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Citt/ Wards/Wernorials Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Davis name	
	01/05/2024	Payee name Burke, Kyle	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1321 Coastal Dr	
		Garland, TX 75043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Only wards/wernorials Expense	ck if travel outside of Texas. Complete Schedule T.
			ck if Austin, TX, officeholder living expense for staff attorney
		Donus	ioi stan attorney
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1: Sch: 4/34 Rpt: 9/40	FILER NAME Partida-Kipness, Robbie S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082014
4	Date 06/03/2024	5 Payee name Cake Bar	
6	Amount (\$) \$35.16	7 Payee address; City; State; Zip Code 2629 North Stemmons Freeway Ste101	
		Dallas, TX 75207	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense birthday cake for campaign event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/10/2024	Payee name Canva	
	Amount (\$) \$119.99	Payee address; City; State; Zip Code 3212 E Cesar Chavez Street Bldg 1 Ste 1300 Austin, TX 78702	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense software subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/07/2024	Payee name Canyon Middle School Cheer	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2014 FM 1101	
		New Braunfels, TX 78130	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense advertising sponsorship for student Brinley Ledesma
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/34 Rpt: 10/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	01/08/2024	Carey, Tashonda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	722 Bermuda Ave
		Lancaster, TX 75146
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bonus for staff secretary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2024	Central Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$227.33	4349 W Northwest Hwy
		Dallas, TX 75220
	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		flowers for Texas Latinx Judges event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/24/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.84	12795 Midway Rd
		Dallas, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense lunch for my summer law interns
		iunon for my summer law interns
	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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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: 6/34 Rpt: 11/40	Partida-Kipness, Robbie S. (The Honorable)	00082014					
4 Date	5 Payee name	<u>'</u>					
01/18/2024	Collin County Democratic Party						
6 Amount (\$)	7 Payee address; City; State; Zip (Code					
\$205.67	6829 K Ave #111						
	Plano, TX 75074						
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.					
LAFENDITORE		Check if Austin, TX, officeholder living expense					
		ticket for annual dinner event					
O Complete ONII V if direct	Constitute (Office Includes name	Office held					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office si	ought Office held					
Date	Payee name						
02/01/2024	Dallas County Democratic Party						
Amount (\$)	Payee address; City; State; Zip (Code					
\$125.00	1414 NWashington Ave						
	Dallas, TX 75204						
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					
		advertising sponsorship of event					
Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held					
expenditure to benefit C/O	Н						
Date	Payee name						
04/22/2024	Dallas Photo Lab						
Amount (\$)	Payee address; City; State; Zip (Code					
\$195.00	3824 Cedar Springs Rd #169						
	Dallas, TX 75219						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
EXI ENDITORE		Check if Austin, TX, officeholder living expense					
		advertising photography for campaign					
Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held					
expenditure to benefit C/O		Sagar. Since nou					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/34 Rpt: 12/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	01/12/2024	Democracy Toolbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,500.00	8552 Royal County Down Drive
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		consulting fundraising communications and management
		management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/08/2024	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	8552 Royal Down Drive
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		consulting fundraising communications and management
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
H	Date	Dayaa nama
	02/09/2024	Payee name Democracy Toolbox
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	8552 Royal Down Drive
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EM LINDITURE	Check if Austin, TX, officeholder living expense
		consulting fundraising communications and
		management
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/34 Rpt: 13/40 Partida-Kipness, Robbie S. (The Honorable) 00082014 4 Date Payee name 02/09/2024 **Democracy Toolbox** 6 Amount (\$) Payee address; State; Zip Code \$6,000.00 8552 Royal Down Drive McKinney, TX 75070 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting fundraising communications and management Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2024 **Democracy Toolbox** Amount (\$) Payee address; City; State; Zip Code \$2,000.00 8552 Royal Down Drive McKinney, TX 75070 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting fundraising communications and management Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 **Democracy Toolbox** Amount (\$) Payee address: City: State; Zip Code \$500.00 8552 Royal Down Drive McKinney, TX 75070 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting fundraising communications and management Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		;)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Eilore)
-	Sch: 9/34 Rpt: 14/40	Partida-Kipness, Robbie S. (The Honorable) 00082014	riieis)
4	Date	5 Payee name	
	04/16/2024	Democracy Toolbox	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,750.00	8552 Royal Down Drive	
		McKinney, TX 75070	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		consulting fundraising communications and management	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	06/07/2024	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,750.00	8552 Royal Down Drive	
		McKinney, TX 75070	
	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 fundraising communications and	
		management	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	06/11/2024	Doce Mesas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$89.24	9810 N Central Expwy	
		Dallas, TX 75231	
	DUDDOCE	l	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		meal for summer interns	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
			l

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/34 Rpt: 15/40	Partida-Kipness, Robbie S. (The Honorable) 00082014			
4	Date	5 Payee name			
	06/30/2024	DonorBox			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$279.60	1520 Belle View Blvd #4106			
		Alexandria, VA 22307			
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 Transaction fees for online donations during the			
		reporting period			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	06/27/2024	Edwards & Patterson			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,301.71	203 S Beltline Rd			
		Dallas, TX 75060			
	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			
		campaign yard signs			
		campaign yard signs			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
H	Date	Payee name			
	06/24/2024	Einstein Bros Bagels			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$20.56	12050 Inwood Rd Ste 130			
	Ψ20.30	12030 HW000 NG StC 130			
		Dallas, TX 75244			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		snacks for Texas Latinx Judges annual meeting			
_	Complete ONII V if allowers	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 11/34 Rpt: 16/40	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014			
4	Date 06/14/2024	5 Payee name El Fenix			
6	Amount (\$) \$170.13	7 Payee address; City; State; Zip Code 1601 McKinney Ave			
8	PURPOSE OF EXPENDITURE	Dallas, TX 75202 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal for summer interns			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date 06/14/2024	Payee name El Fenix			
	Amount (\$) \$11.97	Payee address; City; State; Zip Code 1601 McKinney Ave			
	PURPOSE OF EXPENDITURE	Dallas, TX 75202 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking during summer intern lunch			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date 05/20/2024	Payee name Elm St Parking Garage			
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 2888 Elm St			
		Dallas, TX 75201			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking during UNT graduation			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 12/34 Rpt: 17/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	06/10/2024	Elm St Parking Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	2888 Elm St
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		parking during UNT meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/26/2024	Elm St Parking garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2888 Elm St
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		parkind during event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	03/06/2024	Fajita Pete's
	Amount (\$)	Payee address; City; State; Zip Code
	\$277.20	6060 Forest Ln Suite 892
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meal for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Wa The Instruction Guide explains how to com		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/34 Rpt: 18/40	Partida-Kipness, Robbie S. (The Honorable)		00082014
4	Date	5 Payee name		
	03/15/2024	FedEx Office		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$11.95	13605 Midway Rd		
		Dallas, TX 75244		
8	PURPOSE OF	, ,	b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				posters for Texas Latinx Judges event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
_	Date	Dayee name		
	04/08/2024	Payee name FedEx Office		
			_	
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$11.95	13605 Midway Rd		
		Dollog TV 75244		
		Dallas, TX 75244		
	PURPOSE OF	5 , (ere emigene mile in the remember)	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				postage and shipping
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/20/2024	Form Swiftcom		
	Amount (\$)	Payee address; City; State; Zip Cod	e	
	\$1.95	1800 Owens St		
		San Francisco, CA 94158		
	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.
				Check if Austin, TX, officeholder living expense software subscription for Texas Latinx Judges event
				Software Subscription for Texas Eatinx Suages event
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		•••	555 Hold
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor		Gift/Awards/Memorials Legal Services	•		ages/	Contract Labor		Travel Out of DOTHER (enter	District a category not listed above	e)
L		_		The Instruction G	uide explains	now to cor	npie	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	r Filers)
	Sch: 14/34 Rpt: 19/40	_		ness, Robbie S.	(The Hond	orable)				00082014		
4	Date	5	Payee name									
	06/25/2024		Frisco Demo	ocratic Club								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Cod	de					
	\$29.00		5250 Town	and Country Bl	√d Apt 1020)4						
			·	,								
			Frisco, TX 7	5034								
8	PURPOSE	(a)	<u> </u>	e Categories listed at t	he ton of this ach	edule)	(b)	Description				
	OF	l` <i>'</i>	Fees	o oalegories iisteu ät t	top 01 till5 5011	icuui <i>c)</i>	. ,	_ :	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		. 555					Check if Austin,	, TX,	officeholder livi	ng expense	
								membership	due	es		
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office soug	ght			Office I	neld	
	expenditure to benefit C/O	Н				`						
H	Date		Payee name									
	01/22/2024		•	of Northeast Te	xas							
_	Amount (\$)	\vdash	Payee address			; Zip Coo	de					
	` '		•		Siale,	, <u>L</u> ip CU	uc					
	\$50.00		420 Fifth Av	enue								
L		L	New York, N	IY 10018								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards	Memorials Exp	ense			-			mplete Schedule T.	
								_		officeholder livi		
								donation for o	.00	kies sent to	ule military	
	Complete ONLY if all a	<u> </u>	Candidate (C.C.	oholder =		Office 7 -	7h+			O#:- '	oold	
	Complete ONLY if direct expenditure to benefit C/OH		zariuluate/Offi	ceholder name	(Office soug	JII			Office I	ieiu	
		1										
	Date		Payee name									
	05/28/2024	L	Gonzalez, S	Sonia ————————————————————————————————————								
	Amount (\$)	_	Payee addres	ss; City;	State;	; Zip Cod	de					
	\$100.00		11629 Kilkir	k Lane								
			Dallas, TX 7	5228								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			Memorials Exp					outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			·				Check if Austin,				
								gift for law sc	hod	ol graduation	on	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office soug	ght	· · · ·	_	Office I	neld	
	expenditure to benefit C/OF	- 1										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 15/34 Rpt: 20/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	02/08/2024	Haywire
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.81	1920 McKinney Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense meal during campaign meeting
		medi danng dampaign meding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/09/2024	Haywire
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	1920 McKinney Ave
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking during campaign meeting
		parking during earnpaigh meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/24/2024	Hilton Anatole
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	2201 N Stemmons Fwy
		Dallas, TX 75207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking for State Bar of Texas meeting
		parking for State bar of Texas meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 16/34 Rpt: 21/40	Partida-Kipness, Robbie S. (The Honorable) 00082014				
4	Date	5 Payee name				
	03/25/2024	Hispanic Law Students Association UNT				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	106 South Harwood St				
		Dallas, TX 75201				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense advertising sponsorship of event				
		auvertising sponsorship of event				
_	0 1: 0 11 1 1					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/08/2024	Hispanic National Bar Association				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$75.00	2020 Pennsylvania Ave NW Ste 279				
		Washington, DC 20006				
	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 membership dues				
		membership dues				
_	Operation ONLY if allowed	One districts (Office healths are seen				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	05/20/2024	Jenkins, Taylor				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	6630 Atha Dr				
		Dallas, TX 75217				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		gift for law school graduation				
	Complete ONLY if allowers	Condidate/Officeholder name				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	,					

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Award/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 17/34 Rpt: 22/40	Partida-Kipness, Robbie S. (The Honorable) 00082014			
4	Date	5 Payee name			
	02/20/2024	Jesuit Track Team			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	12345 Inwood Rd			
		Dallas, TX 75244			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		advertising sponsorship of Sheaner Relays			
		advertising sponsorsing of shearer relays			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/01/2024	Jose			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.24	4931 W Lovers Ln			
		Dallas, TX 75209			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		meal with court staff			
		mod war odar odan			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	03/04/2024	Justice Cory Carlyle Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	PO Box 26			
		Rockwall, TX 75087			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		campaign contribution			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/34 Rpt: 23/40	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 03/04/2024	5 Payee name Justice Dennise Garcia Campaign
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 140978
		Dallas, TX 75214
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/25/2024	Payee name Latino Culinary Institute & Assoc
	Amount (\$) \$1,927.87	Payee address; City; State; Zip Code 5005 LBJ Fwy Ste 120 Dallas, TX 75244
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense catering for Texas Latinx Judges Dallas Law School event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/02/2024	Payee name Lucid Private Offices
	Amount (\$) \$150.47	Payee address; City; State; Zip Code 6060 N Central Expwy Ste 500
		Dallas, TX 75206
	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 rent for virtual campaign office
	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	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: 19/34 Rpt: 24/40	Partida-Kipness, Robbie S. (The Honorable) 00082014				
4	Date	5 Payee name				
	02/01/2024	Lucid Private Offices				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$150.47	6060 N Central Expwy Ste 500				
		Dallas, TX 75206				
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				
		rent for virtual campaign office				
_	Complete ONLY if direct	Condidate/Officeholder name Office cought				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L						
	Date	Payee name				
	03/01/2024	Lucid Private Offices				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$150.47	6060 N Central Expwy Ste 500				
		Dallas, TX 75206				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense rent for virtual campaign office				
		Tent for virtual campaign office				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_	Data					
	Date 04/01/2024	Payee name Lucid Private Offices				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$150.47	6060 N Central Expwy Ste 500				
		Dallas, TX 75206				
	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 rent for virtual campaign office				
		Tent for virtual campaign office				
	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 Comn

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 20/34 Rpt: 25/40	Partida-Kipness, Robbie S. (The Honorable) 00082014			
4	Date	5 Payee name			
	05/01/2024	Lucid Private Offices			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$150.47	6060 N Central Expwy Ste 500			
		Dallas, TX 75206			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense rent for virtual campaign office			
		Tent for virtual earlipaigh office			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
,	expenditure to benefit C/O				
	Date	Payee name			
	06/03/2024	Lucid Private Offices			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$150.47	6060 N Central Expwy Ste 500			
	Ψ130.41	3000 N Central Expwy Ste 300			
		Dallac TV 75206			
		Dallas, TX 75206			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		rent for virtual campaign office			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	03/27/2024	Mariachi Queztal			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	8100 Memorial Ln Apt 11310			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Plano, TX 75024			
	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.			
	LXI LINDITORE	Check if Austin, TX, officeholder living expense			
		entertainment for Texas Latinx Judges Dallas Law School event			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contr	, , , , , , , , , , , , , , , , , , , ,		
		The Instruction Guide explains how to complete th	·		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
	Sch: 21/34 Rpt: 26/40	Partida-Kipness, Robbie S. (The Honorable)	00082014		
4	Date	5 Payee name			
	03/25/2024	Masri, Zach			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$300.00	600 Commerce St			
		Dallas, TX 75202			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	·		
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			curtiy for Texas Latinx Judges Dallas Law School		
		eve	•		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	05/24/2024	Mendoza, Veronica			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	2447 Grafton Ave			
		Dallas, TX 75211			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	·		
	EXPENDITURE	Ont/ Wards/Wernorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			nation for funeral expenses for court clerk		
			·		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	1			
	Date	Payee name			
	05/22/2024	Meso Maya			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$11.97	1611 McKinney Ave			
		Dallas, TX 75202			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des			
	OF EXPENDITURE	Traver in District	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense king during campaign event		
		μαι 	king during campaign event		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
F 6 :	me provided by Texas F	thice Commission www.athice state ty us	Version V/11 0 d278aha0		

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		
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		
Ļ	Sch: 22/34 Rpt: 27/40	,	
4	Date	5 Payee name	
L	06/24/2024	Miriam's Cocina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$195.02	2015 Woodall Rogers	
		Dallas, TX 75202	
8	PURPOSE		
0	OF		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		dinner for Texas Latinx Judges board meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Data	Pausa noma	
	Date	Payee name	
	03/01/2024	Momo's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.85	11910 Preston Rd	
		Dallas, TX 75230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EVENDLICKE	Check if Austin, TX, officeholder living expense	
		meal with colleagues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/20/2024	Next Day Display	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$229.99	2005 Raymer Ave Unit P	
		Fullerton, CA 92833	
\vdash	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		tablecloth for Texas Latinx Judges Dallas Law	
		School event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 23/34 Rpt: 28/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	02/14/2024	Nothing Bundt Cakes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	10720 Preston Rd#1101
		Dallas, TX 75230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		snacks for court staff
		Shadho for obart dam
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2024	Parkwhiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.70	2642 Main St
		Dallas, TX 75226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		parking during meal with court staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Davida marra
	Date 02/12/2024	Payee name Peet's Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.82	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense coffee at Houston airport for Texas Latinx Judges
		event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
	Total pages Schedule F1: Sch: 24/34 Rpt: 29/40	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Robbie S. (The Honorable)	Filers)
l	Date 06/25/2024	5 Payee name Plano Area Democrats	
6 /	Amount (\$) \$29.00	7 Payee address; City; State; Zip Code PO Box 251373 Plano, TX 75025	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
(Date 02/28/2024	Payee name Reagan Middle School Orchestra	
,	Amount (\$) \$175.00	Payee address; City; State; Zip Code 4616 Bardin Rd grand Prairie, TX 75052	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense advertising sponsorship of student Lucas Now	/ell
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
l	Date 01/12/2024	Payee name Reilly Echols Printing Inc	
,	Amount (\$) \$866.00	Payee address; City; State; Zip Code 1710 South Harwood	
		Dallas, TX 75215	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign materials	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 25/34 Rpt: 30/40	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014	
4	Date 01/26/2024	5 Payee name Reilly Echols Printing Inc	
6	Amount (\$) \$3,557.91	7 Payee address; City; State; Zip Code 1710 South Harwood	
		Dallas, TX 75215	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign materials	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/26/2024	Payee name Reilly Echols Printing Inc	
	Amount (\$) \$3,264.93	Payee address; City; State; Zip Code 1710 South Harwood	
		Dallas, TX 75215	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign materials	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 06/25/2024	Payee name Richardson Area Democrats	_
	Amount (\$) \$29.00	Payee address; City; State; Zip Code 433 Belle Grove Dr	
		Richardson, TX 75083	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (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: 26/34 Rpt: 31/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	05/28/2024	Rodriguez, Alyssa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	308 Equine Lane
		Celina, TX 75009
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gift for law school graduation
		g.it is: iair ssiissi g.aaaaasii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	06/24/2024	Royal China Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.48	6025 Royal Lane
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		meal for summer interns
	Commiste ONLY if dispet	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	03/08/2024	Sadoughi, Lele
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	611 Broadway Rm 840
		New York, NY 10012
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		collar for judicial robe
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
_	Sch: 27/34 Rpt: 32/40	Partida-Kipness, Robbie S. (The Honorable) 00082014	
4	Date	5 Payee name	
	01/17/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$291.97	2702 Love Field Drive	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		flight to Austin for Children's Commission Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/17/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$299.96	2702 Love Field Drive	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense flight to Houston for Texas Latinx Judges law school	
		event event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	01/22/2024	Spoonful of Comfort	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.73	2405 W Orton Cir	
	Ψ100.73	2400 W Orton Oil	
		Salt Lake City, UT 84119	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		meal with judicial colleague	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- p		

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/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/34 Rpt: 33/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4 Date	5 Payee name
04/19/2024	St Mary's School of Law
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	One Camino Santa Maria
	San Antonio, TX 78228
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense advertising sponsorship of law school alma mater
	advertising spensors inportation and materials
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name Charburde
06/24/2024	Starbucks
Amount (\$)	Payee address; City; State; Zip Code
\$21.65	12262 Inwood Rd
	Dallas, TX 75244
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
E/11 E.1.2.1.2	Check if Austin, TX, officeholder living expense
	coffee for Texas Latinx Judges annual meeting
Commission ONII V if discont	Condidate Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2024	State Bar of Texas
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	1414 Colorado St
	Austin, TX 78701
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.
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to belieff 6/6	''

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/34 Rpt: 34/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	05/30/2024	Stonewall Democrats of Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 192305
		Dallas, TX 75219
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		advertising sponsorship of event
		3 special production
9	Complete ONLY if direct expenditure to benefit C/Oh	I Candidate/Officeholder name Office sought Office held
	- CAponaliano to Solicia I. I.	
	Date	Payee name
	03/25/2024	Te Deseo
	Amount (\$)	Payee address; City; State; Zip Code
	\$414.10	2700 Olive Street
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal for Texas Latinx Judges Dallas Law School
		event speakers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/05/2024	Texas Justice Democrats
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 6333 Mockingbird Lane Suite 147 Box 800
	φουυ.υυ	0333 Mockingbird Larie Suite 147 Box 800
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertising sponsorship of event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to beliefit C/OI	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		District 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: 30/34 Rpt: 35/40	Partida-Kipness, Robbie S. (The Honorable) 00082014	
4	Date	5 Payee name	
	02/12/2024	Texpress Gourmet	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ü	\$14.87		
	421.01	Cooc Hold Relief Way	
		Dellas TV 75225	
		Dallas, TX 75235	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	
		meal during transit to Texa	
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/10/2024	The Library	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.30		
	Ψ00.00	OUTO GUNTAVE	
		Dallas, TX 75219	
	DUDDOGE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Co	mnlete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	
		campaign meeting meal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	neld
	expenditure to benefit C/OI	OH .	
	Date	Payee name	
	01/10/2024	The Library	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	3015 Oak Lawn Ave	
		Dallas, TX 75219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Co	
	EXPENDITORE	Check if Austin, TX, officeholder livi	
		parking during campaign n	neal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office	neld
	parameter administration of the		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/34 Rpt: 36/40	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 01/25/2024	5 Payee name The Order Desk
6	Amount (\$) \$8,535.66	7 Payee address; City; State; Zip Code 9840 Monroe Dr Ste 104
		Dallas, TX 75220
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense postage and handling for campaign mailer
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/25/2024	Payee name The Order Desk
	Amount (\$) \$7,488.77	Payee address; City; State; Zip Code 9840 Monroe Dr Ste 104
		Dallas, TX 75220
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense postage and handling for campaign mailer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/15/2024	Payee name Tom Thumb
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 10455 North Central Expwy
		Dallas, TX 75231
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gifts for court staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 32/34 Rpt: 37/40	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	03/05/2024	Tom Thumb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.31	3757 Forest Lane
		Dallas, TX 75244
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.
		Check if Austin, TX, officeholder living expense
		decorations for campaign event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit 6/61	
	Date	Payee name
	03/25/2024	Tony Grimes Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 166176
		Irving, TX 75016
	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.
		Check if Austin, TX, officeholder living expense photos for Texas Latinx Judges Dallas Law School
		event
L	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	02/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.90	1455 Market St
		San Francisco, CA 94103
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		travel for Texas Latinx Judges event Houston
\vdash	Operation ONE VIII II	Our distance (Office health are nown)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 33/34 Rpt: 38/40	Partida-Kipness, Robbie S. (The Honorable) 00082014		
4 Date	5 Payee name		
02/12/2024	Uber		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$40.25	1455 Market St		
	San Francisco, CA 94103		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	travel for Texas Latinx Judges event Houston		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
3.,poa.a. 5 to bollont 0/0			
Date	Payee name		
02/12/2024	Uber		
Amount (\$)	Payee address; City; State; Zip Code		
\$22.98	1455 Market St		
	San Francisco, CA 94103		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	travel for Texas Latinx Judges event Houston		
	autorio. Tokko Zaliik Gaagee Gverk Houston		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	H		
Date	Payee name		
05/21/2024	Ulloa, Joseph		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	3430 FM 2001		
	Buda, TX 78610		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense gift for law school graduation		
	giit for law school graduation		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/V	Vage	s/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction Guid	e explains now to co	mpi	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
l	Sch: 34/34 Rpt: 39/40		Partida-Kipr	ness, Robbie S. (The Honorable)				00082014		
┰	Date	5	Payee name								
ľ	06/12/2024		Walmart								
ᆫ	00/12/2024		waiiiaii								
6	Amount (\$)	unt (\$) 7 Payee address; City; State; Zip Code									
l	\$200.00		4122 Lyndon B Johnson Fwy								
l											
l			Dallas TV 7	75044							
ᆫ			Dallas, TX 7	5244							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description				
l	OF EXPENDITURE	OF Gift/Awards/Memorials Expense Check if travel outs									
	LAFENDITORE	Check if Austin, TX, officeholder living e					g expense				
l							gift for former	r la	w clerk		
l											
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OH										
F	Date		Davoe name								
	06/25/2024										
3 3											
l	Amount (\$) Payee address; City; State; Zip Code										
l	\$50.00	\$50.00 PO Box 864242									
l											
			Plano, TX 7	5086							
L		_									
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 membership dues				
							membership	uue	25		
L											
	Complete ONLY if direct		Candidate/Office	ceholder name	Office sou	ıght			Office h	eld	
expenditure to benefit C/OH											
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 40/40 2 FILER NAME Filer ID (Ethics Commission Filers) Partida-Kipness, Robbie S. (The Honorable) 00082014 8 Amount (\$) 5 Name of person from whom amount is received 06/04/2024 State of Texas \$380.00 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 Purpose for which amount is received Check if political contribution returned to filer reimbursement for travel to Texas Supreme Court Children's Commission meeting Amount (\$) Name of person from whom amount is received Date 04/12/2024 Texas Latinx Judges \$3,861.84 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78209 Purpose for which amount is received Check if political contribution returned to filer reimbursement from Texas Latinx Judges for Dallas Law School Event expenses