

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00030098	<b>2</b> Total pages filed: 124		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Christi L.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/14/2024	
	NICKNAME	LAST Craddick	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3112 Windsor Ste A-505  Austin, TX 78703		ZIP CODE	Date Hand-delivered or Date Postmarked	
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Thornton J.	MI		
	NICKNAME	LAST Keel	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23812 Tres Coronas  Spicewood, TX 78669				
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 699-3899	EXTENSION		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month    Day    Year 02/25/2024		THROUGH	Month    Day    Year 06/30/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	<b>11</b> OFFICE OFFICE HELD (if any) Railroad Commissioner		<b>12</b> OFFICE SOUGHT (if known) Railroad Commissioner		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Craddick, Christi L. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00030098
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input checked="" type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b> <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> Texas Alliance for Life
		<b>COMMITTEE ADDRESS</b> 8000 Centre Park Dr Ste 380  Austin, TX 78754
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Shaw, James
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> 4505 Corazon Cv  Round Rock, TX 78681

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,014,973.21
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 588,619.67
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,712,901.85
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

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

The Honorable Christi L. Craddick

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

Page 3 of 124

C / OH NAME	Craddick, Christi L. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00030098	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Bastrop County Conservatives PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		906 Main St
		Bastrop, TX 78602
	COMMITTEE CAMPAIGN TREASURER NAME	Cooper, Lawson
	COMMITTEE CAMPAIGN TREASURER ADDRESS	906 Main St
		Bastrop, TX 78602

NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Conservative Coalition of Harris County PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		PO Box 431158
		Houston, TX 77243
	COMMITTEE CAMPAIGN TREASURER NAME	Davis, Butch
	COMMITTEE CAMPAIGN TREASURER ADDRESS	PO Box 431158
		Houston, TX 77243

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Craddick, Christi L. (The Honorable)		<b>19 Filer ID</b> 00030098	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,013,488.66
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,484.55
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	539,782.29
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	48,837.38
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,916.43

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/42 Rpt: 5/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acker, Lexa M.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-2437	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta, Arcilia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75247	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CARCON Industries & Construction
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahuja, Avinash C. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78401-0305	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Magnum Producing
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Pete	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78758-4574	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Charles	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kempner, TX 76539-3480	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/42 Rpt: 6/124
2 FILER NAME Craddick, Christi L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00030098
4 Date 04/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allspach, Eugene	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77025-4330	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altman, Daniel G.	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Midlothian, TX 76065-1349	
Principal occupation / Job title (See Instructions) Oncor Electric Delivery Company LLC		Employer (See Instructions) Attorney
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anwar, Syed Javaid	Amount of Contribution (\$)  \$250,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79701-4412	
Principal occupation / Job title (See Instructions) Owner & President		Employer (See Instructions) Midland Energy, Inc.
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apache Corporation PAC	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77056-4400	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Gregory D. (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76011-5055	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Arnold Companies/ Bell Textron

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/42 Rpt: 7/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Lauren	<b>7</b> Amount of Contribution (\$) \$2,550.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-1587		
<b>8</b> Principal occupation / Job title (See Instructions) Corporate Communications		<b>9</b> Employer (See Instructions) Aris Water
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Lauren	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Houston, TX 77024-1587		
Principal occupation / Job title (See Instructions) Corporate Affairs		Employer (See Instructions) Aris Water
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baiano, Gregory (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Midland, TX 79705-2401		
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) self
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldrige, Don	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77024-5640		
Principal occupation / Job title (See Instructions) Exec		Employer (See Instructions) Phillips 66
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldrige III, E. Earl (Mr.)	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Midland, TX 79710-0716		
Principal occupation / Job title (See Instructions) Petroleum Engineer		Employer (See Instructions) Three Span Oil & Gas, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/42 Rpt: 8/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barger, Darrell L.	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-2033		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Hartline Barger LLP
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beal Jr., Carlton E. (Mr.)	Amount of Contribution (\$) \$15,000.00
Contributor address; City; State; Zip Code  Midland, TX 79701-5021		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) BTA Oil
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beecherl, Robert R. (Mr.)	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Midland, TX 79702-2502		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beitel, Richard J. (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Del Rio, TX 78840-7712		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bettis, Harry (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Midland, TX 79705-1927		
Principal occupation / Job title (See Instructions) O & G		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/42 Rpt: 9/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bissell, Dawn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1257	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Geoscientist		<b>9</b> Employer (See Instructions) Advent Enterprises, LLC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blake, Bruce W. (Mr.) <hr/> Contributor address; City; State; Zip Code  Liberty, TX 77575-7605	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Oil and gas		Employer (See Instructions) Self
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolling, Harrison (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-5453	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) WaterBridge
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowerman, Bill H. (Mr.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76003-1199	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boykin Energy, LLC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-4531	Amount of Contribution (\$)  \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/42 Rpt: 10/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boykin Energy, LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-4531	<b>7</b> Amount of Contribution (\$)  \$7,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradford, Rebecca (Mrs.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-6054	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Edna <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brigham, Bradley D. (Mr.) <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-7734	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) BEPCO, LP
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brisgill, Peggy <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945-2802	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/42 Rpt: 11/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britton, Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-1113	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Chair		<b>9</b> Employer (See Instructions) Perry Homes
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Ruth (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001-5217	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronstad, Jack <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-3933	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, JP (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1796	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byler, William T. (Mr.) <hr/> Contributor address; City; State; Zip Code  Bellville, TX 77418-7140	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) W. T. Byler Co., LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/42 Rpt: 12/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Janet F. (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Moran, TX 76464-4118	
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions)
<b>Date</b> 05/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavin III, Wylie D. (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Spicewood, TX 78669-6442	
<b>Principal occupation / Job title (See Instructions)</b> Private Investments		<b>Employer (See Instructions)</b> Cavin Family Office
<b>Date</b> 04/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chalupa, George A. (Mr.)	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Sulphur Springs, TX 75483-0023	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clayton, Craig A. (Mr.)	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78218-6033	
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Clayton and Clayton PC
<b>Date</b> 04/10/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clinton, Daniel (Mr.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77057-1756	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/42 Rpt: 13/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coffin Renner LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78711-3366	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Dell (Mr.) <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578-4315	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, T. Christian (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-7122	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Eastern Partners
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cowden, Linda June (Mrs.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705-1929	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Craddick Properties LLC <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705-1929	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/42 Rpt: 14/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford, Joseph V. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633-5053	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Harlan R. (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-3913	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Jackie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Orange, TX 77630-7658	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culp, Timothy Graham (Mr.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705-2687	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
President		Southwest Royalties, Inc
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087-3510	Amount of Contribution (\$)  \$15,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Partner		Four Sevens Oil Co., Ltd.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/42 Rpt: 15/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cwirko, Claris K. (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069-1905	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danford, Carla Boatright (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76137-4954	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis Elite Energy Services LLC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Marshall, TX 75671-0460	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devon Energy Corporation (DEC PAC)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Oklahoma City, OK 73102-5015	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dial, Christopher	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77063-1409	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/42 Rpt: 16/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickeson, Kenneth C. (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79707-5019	
<b>8</b> Principal occupation / Job title (See Instructions) Oil and Gas		<b>9</b> Employer (See Instructions) Self
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dolezalek Sr., Donald	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Texarkana, TX 75503-4998	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donaldson, Dalton	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Midland, TX 79710-1990	
Principal occupation / Job title (See Instructions) Land Manager		Employer (See Instructions) Purvis Operating Co.
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Radora	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Waxahachie, TX 75165-1840	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, Jan (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77019-1302	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/42 Rpt: 17/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Julia Z. (Ms.)	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705-6425	
<b>8</b> Principal occupation / Job title (See Instructions) Oil & Gas		<b>9</b> Employer (See Instructions) Self Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Michael and Connie	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Cleveland, TX 77327	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Richard (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Levelland, TX 79336-0748	
Principal occupation / Job title (See Instructions) Investing		Employer (See Instructions) Ellis Holdings, LP
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fares, Nijad	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77002-7360	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Melissa (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kerrville, TX 78028-9747	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/42 Rpt: 18/124
2 FILER NAME Craddick, Christi L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00030098
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furcron, Joseph M. ..... 6 Contributor address; City; State; Zip Code  South Padre Island, TX 78597-2448	7 Amount of Contribution (\$)  \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaither, Caroline ..... Contributor address; City; State; Zip Code  Whitesboro, TX 76273-5764	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garibay, Ruben ..... Contributor address; City; State; Zip Code  San Antonio, TX 78255-9302	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Member		Employer (See Instructions) Select Dedicated Solutions
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gariott, David K. (Mr.) ..... Contributor address; City; State; Zip Code  Spring, TX 77379-3026	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaskamp, Bernice H. (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78735-7904	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/42 Rpt: 19/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbs, Dan (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77066-1601	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, John W. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lindale, TX 75771-7948	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilly, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Boerne, TX 78006-2277	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Ellen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 99999	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grover, Rosalind Redfern (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Midland, TX 79702-2127	
Principal occupation / Job title (See Instructions) Independent oil & gas producer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/42 Rpt: 20/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hahn, Melvin E. (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Madisonville, TX 77864-4238	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Jan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76118-7620	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Frank M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552-2393	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) RIO Elevator Co, Inc
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hatzfeld, Jerry L. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lewisville, TX 75056-5820	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heist, Ronald A. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lewisville, TX 75077-2701	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/42 Rpt: 21/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hock, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-1901	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyslop, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2550	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Lynda <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707-1614	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Fasken Oil and Ranch
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gary S. (Mr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761-3524	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Richard T. <hr/> Contributor address; City; State; Zip Code  Terrell, TX 75160-0898	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/42 Rpt: 22/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Steven R. (Mr.)	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-2004	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) WaterBridge Operating, LLC.
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keen, Jack W.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Colleyville, TX 76034-8262	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keith, Doreta D. (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Victoria, TX 77904-9647	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Cameron S. (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79701-4390	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Michael J. (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Spring, TX 77379-6378	
Principal occupation / Job title (See Instructions) Engineer/Retired		Employer (See Instructions) Hewlett-Packard/Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/42 Rpt: 23/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerr, Lunn (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013-4776	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Wendy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77009-6039	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) ConocoPhillips
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kneale, Jennifer Rigg	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77024-6928	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Targa Resources
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, John	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gaylord, MI 49735-9657	
Principal occupation / Job title (See Instructions) Sr. Vendor Management Analyst		Employer (See Instructions) Exeter Finance LLC
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kruse, Cameron	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77059-5821	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Global CFO

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/42 Rpt: 24/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacki, Michael J. (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-0841	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78415-5347	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Self
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Lance <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730-1438	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Langford Energy Partners
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanham Jr., Robert C. (Mr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494-3917	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions) Highway Const		Employer (See Instructions) Williams Brothers Construction
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, James P. (Mr.) <hr/> Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) n/a



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 21/42 Rpt: 25/124
2 FILER NAME Craddick, Christi L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00030098
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemon, Waymon Clyde (Mr.)	7 Amount of Contribution (\$)  \$150.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77233-1207	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Curtis N. (Mr.)	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79710-1302	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) ICA Energy, Inc.
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Tommy (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Longview, TX 75606-1948	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) J-L of Indiana - Insurance
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Long, Jason T. (Mr.)	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-4527	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) WaterBridge
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longbow Consulting Partners LLC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-1875	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/42 Rpt: 26/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabee, John W. (Mr.)	<b>7</b> Amount of Contribution (\$) \$25,000.00
<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705-5520		
<b>8</b> Principal occupation / Job title (See Instructions) Rancher		<b>9</b> Employer (See Instructions) Mabee Ranch
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marsden Jr., James L. (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Marquez, TX 77865-0353		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) DoD
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Carol	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77077-2798		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayne, William Taylor	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Midland, TX 79702-0183		
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Mayne & Mertz, Inc.
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBride Operating LLC	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Longview, TX 75605-0826		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/42 Rpt: 27/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClane Jr., Drayton (Mr.)	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76503-0549		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) McLane Group
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, S. Patrick (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  El Lago, TX 77586-6123		
Principal occupation / Job title (See Instructions) EVO - Operations		Employer (See Instructions) The Mundy Companies
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melay, Matthew (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Houston, TX 77024-6314		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Targa Resources
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Kerim A. (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Donna, TX 78537-2937		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mew, Peggy A.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Wichita Falls, TX 76306-1015		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/42 Rpt: 28/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Modglin, Jason A.	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739-1613		
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Western Midstream
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Kit T. (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76102-3765		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monken, Marvin (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78757-6953		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Renee (Mrs.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code  Waco, TX 76708-7089		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Martha S. (Mrs.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Boerne, TX 78006-2157		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/42 Rpt: 29/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael Sean (Mr.)	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705-8647	
<b>8</b> Principal occupation / Job title (See Instructions) President/CEO		<b>9</b> Employer (See Instructions) Standard Sales
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Patrick J. (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77098-1125	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Moran Exploration LP
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morelos, Jeremy E. (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78761-6163	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, J. H. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Texarkana, TX 75501-0227	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrnustik M.D., Benny R. (Dr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Richardson, TX 75082-2671	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/42 Rpt: 30/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muraro, Robert M. (Mr.)	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77094-2998	
<b>8</b> Principal occupation / Job title (See Instructions) CCO		<b>9</b> Employer (See Instructions) Targa Resources
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Marian T. (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-4250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nault, Patrick J. (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Kilgore, TX 75662-1243	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) East Texas Salt Water Disposal Company
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nebreda, Alejandro	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77007-5104	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newberry Sr., John H.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Floresville, TX 78114-3598	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/42 Rpt: 31/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) North Shore Republican Women PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356-1417	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NuStar PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78278-1609	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oats, James Wesley <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354-4078	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ohlenburg, Eddy <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705-6342	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm Insurance
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olsmith, Lola M. <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78217-5174	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/42 Rpt: 32/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, George A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205-8902	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oravetz III, J. Ashton <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-3693	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Grassroots America We Are People
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ornelas, Sandra G. (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-1542	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78649	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) REP Holdings, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Robert E. (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78469-9609	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) EMCOR



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/42 Rpt: 33/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Party, J. Michael (Mr.)	<b>7</b> Amount of Contribution (\$) \$10,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79710-1440	
<b>8</b> Principal occupation / Job title (See Instructions) Owner / President		<b>9</b> Employer (See Instructions) Beryl Oil and Gas, LP
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peck Jr., John (Mr.)	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75225-1651	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Peck Enterprises
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peddicord-Sellers, Anna K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lockhart, TX 78644-4676	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perot Jr., H. Ross (Mr.)	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75204-1025	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Hillwood Development Corp.
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, W. Wesley (Mr.)	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79701-4567	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) E&L Resources, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/42 Rpt: 34/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips 66 PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004-3650	<b>7</b> Amount of Contribution (\$)  \$2,500.66
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Platter, Kristin M. <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106-6023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popolo Jr., Joseph V. (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-3009	Amount of Contribution (\$)  \$15,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Charles & Potomac Capital, LLC
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potter, Mary Anne (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-4203	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, James L. (Mr.) <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76903-5873	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/42 Rpt: 35/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proctor, Sean K.	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Rogers, TX 76569	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Purvis, James R. (Mr.)	Amount of Contribution (\$)  \$1,500.00
	Contributor address; City; State; Zip Code  Midland, TX 79702-7727	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rayes, Patrick (Mr.)	Amount of Contribution (\$)  \$10,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-8607	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitz, Michael H. (Mr.)	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77008-7120	
Principal occupation / Job title (See Instructions) Executive VP of Operations		Employer (See Instructions) WaterBridge Resources, LLC.
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggs, Mel (Mr.)	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79705	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Clayton Williams

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/42 Rpt: 36/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Kirk B. (Mr.)	<b>7</b> Amount of Contribution (\$) \$25,000.00
<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424-7743		
<b>8</b> Principal occupation / Job title (See Instructions) Oil producer/Asset Manager		<b>9</b> Employer (See Instructions) S.K. Rogers Oil, Inc.
<b>Date</b> 04/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rood, John W. (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
<b>Contributor address; City; State; Zip Code</b>  Kingwood, TX 77339-2031		
<b>Principal occupation / Job title (See Instructions)</b> SELF EMPLOYED		<b>Employer (See Instructions)</b> SELF EMPLOYED
<b>Date</b> 04/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rotthoff, Eleanor R. (Ms.)	<b>Amount of Contribution (\$)</b> \$50.00
<b>Contributor address; City; State; Zip Code</b>  Lakeway, TX 78738-0072		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schattyn, John M. (Mr.)	<b>Amount of Contribution (\$)</b> \$40.00
<b>Contributor address; City; State; Zip Code</b>  Kerrville, TX 78028-8114		
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 03/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scherr III, Walter J. (Mr.)	<b>Amount of Contribution (\$)</b> \$10,000.00
<b>Contributor address; City; State; Zip Code</b>  Kingwood, TX 77345-1613		
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> Valence Operating

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/42 Rpt: 37/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt Jr., Henry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waller, TX 77484-7046	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schnautz, David Paul (Mr.) <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77572-1681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, James M. (Mr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705-0656	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Trans-Global Solutions, Inc.
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaman, Eugene J. (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2634	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) Seaman Companies
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sermersheim, Henry L. (Mr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023-7056	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 34/42 Rpt: 38/124
2 FILER NAME Craddick, Christi L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00030098
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Collin M. (Mr.)	7 Amount of Contribution (\$) \$25,000.00
	6 Contributor address; City; State; Zip Code  Odessa, TX 79762-5140	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) The Sewell Family of Companies
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Showery, Sofia (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  El Paso, TX 79932-2539	
Principal occupation / Job title (See Instructions) office mgr/Retired		Employer (See Instructions) Move west/Retired
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jacob (Mr.)	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76102-7437	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Black Mountain Oil and Gas
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stanley (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Center, TX 75935-6518	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stasney, Jon	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Midland, TX 79705-1701	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/42 Rpt: 39/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stasney, Justin (Mr.)	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206-5808		
<b>8</b> Principal occupation / Job title (See Instructions) Managing Partner		<b>9</b> Employer (See Instructions) Stasney Energy Partners, LLC
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stasney, Susan	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681-1565		
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) N/a
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steen III, John T. (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Midland, TX 79705-4546		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) West Texas Gas
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Regina L.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Lufkin, TX 75901-6507		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stock, Peggy R. (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Eagle Pass, TX 78852-3319		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/42 Rpt: 40/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Styduhar Jr., Edward A. (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77845-8953	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 06/14/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Susser, Sam L. (Mr.)	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75220-2219	
<b>Principal occupation / Job title (See Instructions)</b> President and CEO		<b>Employer (See Instructions)</b> SSP Partners
<b>Date</b> 04/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarantino, Charles E.	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77018-1711	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/21/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tate, Charles (Mr.)	<b>Amount of Contribution (\$)</b> \$10,000.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77019-3100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> Arva
<b>Date</b> 03/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Catherine B. (Ms.)	<b>Amount of Contribution (\$)</b> \$3,000.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75209-2426	
<b>Principal occupation / Job title (See Instructions)</b> Investments		<b>Employer (See Instructions)</b> Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/42 Rpt: 41/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Tommy E. (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$2,500.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79707-1526	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Oil and Gas Development		<b>9</b> Employer (See Instructions) Faskin Oil and Ranch LTD.
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tays, Sara	Amount of Contribution (\$) <span style="float:right">\$40.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701-2136	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tays, Sara	Amount of Contribution (\$) <span style="float:right">\$40.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701-2136	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tays, Sara	Amount of Contribution (\$) <span style="float:right">\$40.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701-2136	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tays, Sara	Amount of Contribution (\$) <span style="float:right">\$40.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701-2136	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/42 Rpt: 42/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Alliance Oil & Gas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301-6524	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Diamondback Energy, Inc. PAC <hr/> Contributor address; City; State; Zip Code  Oklahoma City, OK 73116-7638	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Farm Bureau AGFund <hr/> Contributor address; City; State; Zip Code  Waco, TX 76702-2689	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Pacific Land Corporation PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-4666	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tharp, Patsy R. (Ms.) <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-6306	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/42 Rpt: 43/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Ralph B. (Mr.)	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057-1320	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Travis, Jonathon	Amount of Contribution (\$) \$7,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-2710	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Ryan LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tromba, John (Mr.)	Amount of Contribution (\$) \$37.00
	Contributor address; City; State; Zip Code  Euless, TX 76040-5717	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner, Lissa Noel (Mrs.)	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79705-4343	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self-employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ware, William J. (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79105-0001	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Amarillo National Bank

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/42 Rpt: 44/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Steven W. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flint, TX 75762-9740	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code  Lampasas, TX 76550-3479	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whispell, Rita (Mrs.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664-3029	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Douglas W. (Mr.) <hr/> Contributor address; City; State; Zip Code  Denver, CO 80211-3526	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) NGL Water Solutions
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodville, TX 75979-7786	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) University VP		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/42 Rpt: 45/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Joan (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-1128	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker/Retired		<b>9</b> Employer (See Instructions) Self/Retired
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Modesta S. (Ms.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705-5520	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions) Retired/ Investments		Employer (See Instructions) Retired/ Ranching
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Barry A. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4730	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Energy and real estate		Employer (See Instructions) Self
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson County Republican Party County Executive Committee <hr/> Contributor address; City; State; Zip Code  Floresville, TX 78114-6533	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Rowland R. (Mr.) <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76021-6512	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Real Estate/Retired		Employer (See Instructions) Self/Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/42 Rpt: 46/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Rusty (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sundown, TX 79372-0938	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Linkee Operating Inc.
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Donald E. (Mr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765-8914	Amount of Contribution (\$)  \$15,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Permian Enterprises
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woody, Sheila G. (Mrs.) <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085-9727	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Leslie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75092-7528	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zarr, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-6902	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Apricus

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 47/124	
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 06/11/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergsma, Michael W.	<b>8</b> Amount of contribution (\$) \$1,484.55	<b>9</b> In-kind contribution description Event room, food and drink
	<b>7</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2001	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Geophysicist		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Bergsma Consulting	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/41 Rpt: 48/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/28/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$68.23	<b>7</b> Payee address; City; State; Zip Code PO Box 2969  Omaha, NE 68103-2969	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/28/2024	Payee name AT&T	
Amount (\$) \$68.23	Payee address; City; State; Zip Code PO Box 2969  Omaha, NE 68103-2969	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/26/2024	Payee name AT&T	
Amount (\$) \$68.23	Payee address; City; State; Zip Code PO Box 2969  Omaha, NE 68103-2969	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/41 Rpt: 49/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/26/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$68.34	<b>7</b> Payee address; City; State; Zip Code PO Box 2969  Omaha, NE 68103-2969	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name AT&T	
Amount (\$) \$68.34	Payee address; City; State; Zip Code PO Box 2969  Omaha, NE 68103-2969	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name Anedot	
Amount (\$) \$292.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/41 Rpt: 50/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/28/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$780.60	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name Anedot	
Amount (\$) \$10.05	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2024	Payee name Anedot	
Amount (\$) \$390.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/41 Rpt: 51/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/15/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$0.69	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2024	Payee name Anedot	
Amount (\$) \$195.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/08/2024	Payee name Anedot	
Amount (\$) \$1.86	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/41 Rpt: 52/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/07/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$1,170.60	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/25/2024	Payee name Anedot	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Anedot	
Amount (\$) \$78.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/41 Rpt: 53/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/14/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$1.28	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/08/2024	Payee name Anedot	
Amount (\$) \$101.61	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/06/2024	Payee name Anedot	
Amount (\$) \$5.67	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/41 Rpt: 54/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/02/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$97.80	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/24/2024	Payee name Anedot	
Amount (\$) \$117.60	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/22/2024	Payee name Anedot	
Amount (\$) \$58.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/41 Rpt: 55/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/20/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$1.28	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2024	Payee name Anedot	
Amount (\$) \$980.02	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2024	Payee name Anedot	
Amount (\$) \$4.20	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/41 Rpt: 56/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/12/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$1.74	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2024	Payee name Anedot	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2024	Payee name Anedot	
Amount (\$) \$1.86	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/01/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$97.80	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/28/2024	Payee name Anedot	
Amount (\$) \$780.60	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/23/2024	Payee name Anedot	
Amount (\$) \$39.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/14/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$390.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/09/2024	Payee name Anedot	
Amount (\$) \$295.26	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/04/2024	Payee name Anedot	
Amount (\$) \$39.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/03/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$19.80	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Anedot	
Amount (\$) \$489.39	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2024	Payee name Anedot	
Amount (\$) \$975.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770  New Orleans, LA 70112-5204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 13/41 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	Date 06/27/2024	<b>5</b>	Payee name Baker, Wynn		
<b>6</b>	Amount (\$) \$184.70	<b>7</b>	Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/27/2024		Payee name Baker, Wynn		
	Amount (\$) \$42.50		Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal cell phone reimbursement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/31/2024		Payee name Baker, Wynn		
	Amount (\$) \$184.70		Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 14/41 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	Date 05/31/2024	<b>5</b>	Payee name Baker, Wynn		
<b>6</b>	Amount (\$) \$42.50	<b>7</b>	Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal cell phone reimbursement		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/29/2024		Payee name Baker, Wynn		
	Amount (\$) \$184.70		Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/29/2024		Payee name Baker, Wynn		
	Amount (\$) \$42.50		Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal cell phone reimbursement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 15/41 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	Date 03/31/2024	<b>5</b>	Payee name Baker, Wynn		
<b>6</b>	Amount (\$) \$184.70	<b>7</b>	Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/31/2024		Payee name Baker, Wynn		
	Amount (\$) \$42.50		Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal cell phone reimbursement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/29/2024		Payee name Baker, Wynn		
	Amount (\$) \$184.70		Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/29/2024	<b>5</b> Payee name Baker, Wynn	
<b>6</b> Amount (\$) \$42.50	<b>7</b> Payee address; City; State; Zip Code 1717 Enfield Rd Apt 106  Austin, TX 78703-3302	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal cell phone reimbursement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2024	Payee name Barr, Randi Celey (Ms.)	
Amount (\$) \$9,142.14	Payee address; City; State; Zip Code 4715 Sinclair Ave  Austin, TX 78756-2818	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2024	Payee name Barr, Randi Celey (Ms.)	
Amount (\$) \$16.01	Payee address; City; State; Zip Code 4715 Sinclair Ave  Austin, TX 78756-2818	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Use of personal phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/31/2024	<b>5</b> Payee name Barr, Randi Celey (Ms.)	
<b>6</b> Amount (\$) \$9,142.14	<b>7</b> Payee address; City; State; Zip Code 4715 Sinclair Ave  Austin, TX 78756-2818	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2024	Payee name Barr, Randi Celey (Ms.)	
Amount (\$) \$9,142.14	Payee address; City; State; Zip Code 4715 Sinclair Ave  Austin, TX 78756-2818	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name Barr, Randi Celey (Ms.)	
Amount (\$) \$9,142.14	Payee address; City; State; Zip Code 4715 Sinclair Ave  Austin, TX 78756-2818	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/29/2024	<b>5</b> Payee name Barr, Randi Celey (Ms.)	
<b>6</b> Amount (\$) \$33,916.88	<b>7</b> Payee address; City; State; Zip Code 4715 Sinclair Ave  Austin, TX 78756-2818	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary and Bonus
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Castle Communications	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code Po Box 90691  Austin, TX 78709-0691	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name Castle Communications	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code Po Box 90691  Austin, TX 78709-0691	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/01/2024	<b>5</b> Payee name Castle Communications	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code Po Box 90691  Austin, TX 78709-0691	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2024	Payee name Castle Communications	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code Po Box 90691  Austin, TX 78709-0691	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name Castle Communications	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code Po Box 90691  Austin, TX 78709-0691	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/11/2024	<b>5</b> Payee name Chase Credit Card	
<b>6</b> Amount (\$) \$2,158.70	<b>7</b> Payee address; City; State; Zip Code PO Box 15123  Wilmington, DE 19850-5123	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/10/2024	Payee name Chase Credit Card	
Amount (\$) \$10,691.40	Payee address; City; State; Zip Code PO Box 15123  Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/11/2024	Payee name Chase Credit Card	
Amount (\$) \$21,945.58	Payee address; City; State; Zip Code PO Box 15123  Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/13/2024	<b>5</b> Payee name Diamond K Aero	
<b>6</b> Amount (\$) \$2,818.20	<b>7</b> Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Austin and Corcoran
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name Diamond K Aero	
Amount (\$) \$3,971.10	Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Austin and Midland
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2024	Payee name Diamond K Aero	
Amount (\$) \$3,843.00	Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Austin and Dallas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/10/2024	<b>5</b> Payee name Diamond K Aero	
<b>6</b> Amount (\$) \$2,305.80	<b>7</b> Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Austin and Houston
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2024	Payee name Diamond K Aero	
Amount (\$) \$2,049.60	Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Austin and Sugar Land
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2024	Payee name Diamond K Aero	
Amount (\$) \$3,074.40	Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Fort Worth and Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/29/2024	<b>5</b> Payee name Diamond K Aero	
<b>6</b> Amount (\$) \$5,380.20	<b>7</b> Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flights between Dallas and Austin
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2024	Payee name Diamond K Aero	
Amount (\$) \$270.00	Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight services for travel to Midland
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2024	Payee name Dudley Group LLC	
Amount (\$) \$416.49	Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 24/41 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	Date 06/08/2024	<b>5</b>	Payee name Dudley Group LLC		
<b>6</b>	Amount (\$) \$243.95	<b>7</b>	Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/30/2024		Payee name Dudley Group LLC		
	Amount (\$) \$13,500.00		Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/10/2024		Payee name Dudley Group LLC		
	Amount (\$) \$2,705.93		Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 05/01/2024	<b>5</b> Payee name Dudley Group LLC
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<b>6</b> Amount (\$) \$13,500.00	<b>7</b> Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/23/2024	Payee name Dudley Group LLC
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Amount (\$) \$138.83	Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Host Committee Form
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/23/2024	Payee name Dudley Group LLC
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Amount (\$) \$716.07	Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention print
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 03/28/2024	<b>5</b> Payee name Dudley Group LLC
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<b>6</b> Amount (\$) \$13,500.00	<b>7</b> Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/26/2024	Payee name Dudley Group LLC
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Amount (\$) \$25,110.44	Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense March List Mailout
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/26/2024	Payee name Dudley Group LLC
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Amount (\$) \$1,249.48	Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense March List Mailout
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 03/04/2024	<b>5</b> Payee name Dudley Group LLC
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<b>6</b> Amount (\$) \$13,500.00	<b>7</b> Payee address; City; State; Zip Code 1108 Lavaca St Ste 693  Austin, TX 78701-2180
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/06/2024	Payee name Erickson Demel & Co., PLLC
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Amount (\$) \$8,813.00	Payee address; City; State; Zip Code 7800 N Mopac Expy Ste 105  Austin, TX 78759-8961
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal financial statement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/20/2024	Payee name Go Creative Group LLC
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Amount (\$) \$65,082.50	Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103  Austin, TX 78731-4917
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/22/2024	<b>5</b> Payee name Go Creative Group LLC	
<b>6</b> Amount (\$) \$22,541.25	<b>7</b> Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103  Austin, TX 78731-4917	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2024	Payee name Go Creative Group LLC	
Amount (\$) \$22,541.25	Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103  Austin, TX 78731-4917	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2024	Payee name Go Creative Group LLC	
Amount (\$) \$22,541.25	Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103  Austin, TX 78731-4917	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 29/41 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	Date 03/12/2024	<b>5</b>	Payee name Go Creative Group LLC		
<b>6</b>	Amount (\$) \$2,541.25	<b>7</b>	Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103  Austin, TX 78731-4917		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/05/2024		Payee name Google Services		
	Amount (\$) \$92.10		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/06/2024		Payee name Google Services		
	Amount (\$) \$92.10		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 04/05/2024	<b>5</b> Payee name Google Services	
<b>6</b> Amount (\$) \$92.10	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2024	Payee name Google Services	
Amount (\$) \$92.10	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/15/2024	Payee name Greater Houston Council of Federated Republican Women	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7941 Katy Fwy Ste 272  Houston, TX 77024-1930	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 04/15/2024	<b>5</b> Payee name HuMn Behavior, LLC
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<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 2310 Fountain Way  San Antonio, TX 78248-1936
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data and Analytics
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/15/2024	Payee name HuMn Behavior, LLC
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Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2310 Fountain Way  San Antonio, TX 78248-1936
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data and Analytics
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2024	Payee name Hutchens, Mia
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Amount (\$) \$461.75	Payee address; City; State; Zip Code 1122 Colorado St Ste 102  Austin, TX 78701-2101
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/31/2024	<b>5</b> Payee name Hutchens, Mia	
<b>6</b> Amount (\$) \$461.75	<b>7</b> Payee address; City; State; Zip Code 1122 Colorado St Ste 102  Austin, TX 78701-2101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2024	Payee name Hutchens, Mia	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 1122 Colorado St Ste 102  Austin, TX 78701-2101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name Hutchens, Mia	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 1122 Colorado St Ste 102  Austin, TX 78701-2101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 02/29/2024	<b>5</b> Payee name Hutchens, Mia	
<b>6</b> Amount (\$) \$461.75	<b>7</b> Payee address; City; State; Zip Code 1122 Colorado St Ste 102  Austin, TX 78701-2101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Keel Systems	
Amount (\$) \$4,041.25	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2024	Payee name Keel Systems	
Amount (\$) \$4,041.25	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 04/01/2024	<b>5</b> Payee name Keel Systems
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<b>6</b> Amount (\$) \$4,041.25	<b>7</b> Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/04/2024	Payee name Keel Systems
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Amount (\$) \$4,041.25	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/08/2024	Payee name Lilly And Company
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Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1005 Congress Ave Ste 400  Austin, TX 78701-2469
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising retainer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 05/01/2024	<b>5</b> Payee name Lilly And Company	
<b>6</b> Amount (\$) \$7,500.00	<b>7</b> Payee address; City; State; Zip Code 1005 Congress Ave Ste 400  Austin, TX 78701-2469	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising retainer
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Lilly And Company	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1005 Congress Ave Ste 400  Austin, TX 78701-2469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2024	Payee name Lilly And Company	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1005 Congress Ave Ste 400  Austin, TX 78701-2469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/01/2024	<b>5</b> Payee name Pink Elephant Committee PAC	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2104 Westwind Dr  Midland, TX 79707-6545	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2024	Payee name ReadyRefresh	
Amount (\$) \$61.61	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2024	Payee name ReadyRefresh	
Amount (\$) \$102.60	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 04/10/2024	<b>5</b> Payee name ReadyRefresh
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<b>6</b> Amount (\$) \$21.64	<b>7</b> Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/11/2024	Payee name ReadyRefresh
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Amount (\$) \$21.64	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/02/2024	Payee name Republican Party of Texas
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Amount (\$) \$16,150.00	Payee address; City; State; Zip Code PO Box 2206  Austin, TX 78768-2206
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/20/2024	<b>5</b> Payee name Spears, Teresa	
<b>6</b> Amount (\$) \$217.19	<b>7</b> Payee address; City; State; Zip Code PO Box 540  Cherokee Village, AR 72525-0540	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Austin
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Spears, Teresa	
Amount (\$) \$975.52	Payee address; City; State; Zip Code PO Box 540  Cherokee Village, AR 72525-0540	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Teresa Spears mileage from home to San Antonio
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2024	Payee name Spears, Teresa	
Amount (\$) \$395.97	Payee address; City; State; Zip Code PO Box 540  Cherokee Village, AR 72525-0540	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Teresa Spears mileage from Belton, TX to Cherokee Vi
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
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<b>4</b> Date 03/20/2024	<b>5</b> Payee name Spears, Teresa
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<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 540  Cherokee Village, AR 72525-0540
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach coordinator
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2024	Payee name Spears, Teresa
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Amount (\$) \$869.66	Payee address; City; State; Zip Code PO Box 540  Cherokee Village, AR 72525-0540
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach coordinator
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/31/2024	Payee name Texas Workforce Commission
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Amount (\$) \$27.75	Payee address; City; State; Zip Code PO Box 149037  Austin, TX 78714-9037
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State unemployment taxes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 40/41 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098	
<b>4</b>	Date 04/28/2024	<b>5</b>	Payee name Texas Young Republican Federation			
<b>6</b>	Amount (\$) \$500.00	<b>7</b>	Payee address; City; State; Zip Code PO Box 600423  Dallas, TX 75360-0423			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/01/2024		Payee name U.S. Treasury			
	Amount (\$) \$3,990.61		Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201-0001			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 05/01/2024		Payee name U.S. Treasury			
	Amount (\$) \$3,990.61		Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201-0001			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/41 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 03/31/2024	<b>5</b> Payee name U.S. Treasury	
<b>6</b> Amount (\$) \$3,990.61	<b>7</b> Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201-0001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2024	Payee name U.S. Treasury	
Amount (\$) \$12,271.00	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1120-Pol taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name U.S. Treasury	
Amount (\$) \$24,482.58	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/35 Rpt: 89/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Chase		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$831.95	(b) Date of Charge 06/18/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 4255 Amon Carter Blvd Fort Worth, TX 76155-2603
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flights between Little Rock and Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$67.15	(b) Date of Charge 06/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name WP Engine		(b) Payee address; City, State, Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description website hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,103.94	(b) Date of Charge 06/15/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Corpus Christi
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/35 Rpt: 90/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$321.00	(b) Date of Charge 06/13/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name Pak Mail	(b) Payee address; City, State, Zip Code 3112 Windsor Rd Ste A Austin, TX 78703-2350	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Mailbox rental #505
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$8.00	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Omni Corpus Christi Hotel	(b) Payee address; City, State, Zip Code 900 N Shoreline Blvd Corpus Christi, TX 78401-2009	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$245.72	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Million Air Austin	(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane to Corpus Christi
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 3/35 Rpt: 91/124	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$48.02	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Austin Airport Parking		(b) Payee address; City, State, Zip Code 3600 Presidential Blvd Austin, TX 78719-2363	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$350.99	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Hertz	(b) Payee address; City, State, Zip Code 7212 Cedar Springs Rd Dallas, TX 75235-2810			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation for meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$704.64	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Sterling Air Service	(b) Payee address; City, State, Zip Code 574 Hangar Ln Corpus Christi, TX 78406			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Corpus Christit Flight		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 4/35 Rpt: 92/124	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$30.08	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Austin Airport Parking		(b) Payee address; City, State, Zip Code 3600 Presidential Blvd Austin, TX 78719-2363	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Shell		(b) Payee address; City, State, Zip Code 13901 Northwest Blvd Corpus Christi, TX 78410-5118	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$7.00	(b) Date of Charge 06/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Omni Corpus Christi Hotel		(b) Payee address; City, State, Zip Code 900 N Shoreline Blvd Corpus Christi, TX 78401-2009	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 5/35 Rpt: 93/124	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$137.64	(b) Date of Charge 06/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Enterprise - Corpus Christi		(b) Payee address; City, State, Zip Code 1000 International Blvd  Corpus Christi, TX 78406-1809	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation Corpus Christi	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$58.71	(b) Date of Charge 06/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Glass Pavilion		(b) Payee address; City, State, Zip Code 900 N Shoreline Blvd  Corpus Christi, TX 78401-2009		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting and meal		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$205.68	(b) Date of Charge 06/06/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Blackbird Floral		(b) Payee address; City, State, Zip Code https://www.blackbirdfloral.com/  Austin, TX 78701		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Flowers		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 6/35 Rpt: 94/124	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$1,114.30	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$64.80	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Microsoft	(b) Payee address; City, State, Zip Code 1 Microsoft Way Redmond, WA 98052-8300			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$15.16	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Numberbarn	(b) Payee address; City, State, Zip Code Po Box 3 Poway, CA 92074-0003			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office number upkeep		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 7/35 Rpt: 95/124	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$67.16	(b) Date of Charge 06/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Intuit Payroll		(b) Payee address; City, State, Zip Code PO Box 7850  Mountain View, CA 94039-7850	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Payroll services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$326.91	(b) Date of Charge 06/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Million Air Austin	(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave  Austin, TX 78719-3303			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane to Midland		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$581.17	(b) Date of Charge 05/31/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Million Air Austin	(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave  Austin, TX 78719-3303			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/35 Rpt: 96/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$110.04	(b) Date of Charge 05/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name Spectrum	(b) Payee address; City, State, Zip Code PO Box 60074  City Of Industry, CA 91716-0074	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign telephone
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$196.40	(b) Date of Charge 05/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Cutter Aviation	(b) Payee address; City, State, Zip Code 10440 John Cape Rd Ste 101  San Antonio, TX 78216-4101	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for Plane
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$18.99	(b) Date of Charge 05/29/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name EFAX Services	(b) Payee address; City, State, Zip Code 6922 Hollywood Blvd Fl 5  Los Angeles, CA 90028-6125	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description FAX Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 9/35 Rpt: 97/124	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$2.75	(b) Date of Charge 05/29/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name Texas Capitol Parking Meteres	(b) Payee address; City, State, Zip Code 301 W 2nd St Austin, TX 78701-4652	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,322.01	(b) Date of Charge 05/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Marriott San Antonio	(b) Payee address; City, State, Zip Code 889 E Market St San Antonio, TX 78205-2673	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Lodging
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$79.00	(b) Date of Charge 05/25/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Texas GOP PAC 'TGOPPAC'	(b) Payee address; City, State, Zip Code 1012 Morton St Richmond, TX 77469-3012	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Convention fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 10/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$1,155.14	(b) Date of Charge 05/22/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$435.50	(b) Date of Charge 05/22/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Million Air Austin	(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$93.39	(b) Date of Charge 05/21/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name National Car Rental	(b) Payee address; City, State, Zip Code 600 Corporate Park Dr Saint Louis, MO 63105-4204			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation for meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 11/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$323.60	(b) Date of Charge 05/21/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Wilson Air Center-Housotn		(b) Payee address; City, State, Zip Code 9000 Randolph St Houston, TX 77061-5233	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,072.85	(b) Date of Charge 05/19/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Lakeway Aviation	(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$255.71	(b) Date of Charge 05/17/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Million Air Austin	(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 12/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$292.24	(b) Date of Charge 05/17/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Miller Blueprint		(b) Payee address; City, State, Zip Code PO Box 2065 Austin, TX 78768-2065	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Printed material for campaign event	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$67.15	(b) Date of Charge 05/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name WP Engine		(b) Payee address; City, State, Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description website hosting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$162.48	(b) Date of Charge 05/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name RWMOT Food		(b) Payee address; City, State, Zip Code 2821 Turtle Creek Blvd Dallas, TX 75219-4898		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting and meal		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 13/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$98.51	(b) Date of Charge 05/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Go Rentals Dallas		(b) Payee address; City, State, Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Local transportation for meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$305.20	(b) Date of Charge 05/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Business Jet Center		(b) Payee address; City, State, Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for flight		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$590.20	(b) Date of Charge 05/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Business Jet Center		(b) Payee address; City, State, Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for flight		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 14/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$743.94	(b) Date of Charge 05/14/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 4255 Amon Carter Blvd Fort Worth, TX 76155-2603	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight between Little Rock and Austin	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,103.94	(b) Date of Charge 05/10/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$479.18	(b) Date of Charge 05/09/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 15/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$103.04	(b) Date of Charge 05/08/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name National Car Rental		(b) Payee address; City, State, Zip Code 600 Corporate Park Dr  Saint Louis, MO 63105-4204	
<b>8</b>	PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation for meeting	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$16.25	(b) Date of Charge 05/08/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Cocos Richmond	(b) Payee address; City, State, Zip Code 3303 Richmond Ave  Houston, TX 77098-3007			
<b>PURPOSE OF EXPENDITURE</b>  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and Drink expense		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$291.10	(b) Date of Charge 05/08/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Wilson Air Center-Housotn	(b) Payee address; City, State, Zip Code 9000 Randolph St  Houston, TX 77061-5233			
<b>PURPOSE OF EXPENDITURE</b>  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 16/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$15.16	(b) Date of Charge 05/06/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Numberbarn		(b) Payee address; City, State, Zip Code Po Box 3  Poway, CA 92074-0003	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office number upkeep	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$64.80	(b) Date of Charge 05/04/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Microsoft	(b) Payee address; City, State, Zip Code 1 Microsoft Way  Redmond, WA 98052-8300			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$110.04	(b) Date of Charge 04/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Spectrum	(b) Payee address; City, State, Zip Code PO Box 60074  City Of Industry, CA 91716-0074			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign telephone	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 17/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$67.16	(b) Date of Charge 04/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Intuit Payroll		(b) Payee address; City, State, Zip Code PO Box 7850  Mountain View, CA 94039-7850	
<b>8</b>	PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Payroll services	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$16.01	(b) Date of Charge 04/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Pak Mail	(b) Payee address; City, State, Zip Code 3112 Windsor Rd Ste A  Austin, TX 78703-2350			
<b>PURPOSE OF EXPENDITURE</b>  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Mailbox rental #505		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$18.99	(b) Date of Charge 04/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name EFAX Services	(b) Payee address; City, State, Zip Code 6922 Hollywood Blvd Fl 5  Los Angeles, CA 90028-6125			
<b>PURPOSE OF EXPENDITURE</b>  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description FAX Service		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 18/35 Rpt:		<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
<b>6</b> PAYMENT	(a) Amount Charged \$79.00	(b) Date of Charge 04/24/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b> PAYEE	(a) Payee name Republican Party of Texas		(b) Payee address; City, State, Zip Code PO Box 2206 Austin, TX 78768-2206	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,072.85	(b) Date of Charge 04/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$67.15	(b) Date of Charge 04/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>	(a) Payee name WP Engine		(b) Payee address; City, State, Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description website hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 19/35 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$22.71	(b) Date of Charge 04/15/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name Dairy Queen #46121		(b) Payee address; City, State, Zip Code 6169 Saratoga Blvd Corpus Christi, TX 78414-2470
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Travel meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$276.78	(b) Date of Charge 04/14/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,072.85	(b) Date of Charge 04/13/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/35 Rpt:	2 FILER NAME Craddick, Christi L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00030098
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$276.78	(b) Date of Charge 04/12/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
7 PAYEE	(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$0.05	(b) Date of Charge 04/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
PAYEE	(a) Payee name On Street		(b) Payee address; City, State, Zip Code 414 Union St Ste 1900 Nashville, TN 37219-1782
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$92.75	(b) Date of Charge 04/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
PAYEE	(a) Payee name National Car Rental		(b) Payee address; City, State, Zip Code 600 Corporate Park Dr Saint Louis, MO 63105-4204
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation for meeting
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 21/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$349.20	(b) Date of Charge 04/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Wilson Air Center-Housotn		(b) Payee address; City, State, Zip Code 9000 Randolph St Houston, TX 77061-5233	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$25.00	(b) Date of Charge 04/11/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name 1225 Louisiana Parking	(b) Payee address; City, State, Zip Code 1225 Louisiana St Houston, TX 77002			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking for campain meeting in Houston		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$15.16	(b) Date of Charge 04/06/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Numberbarn	(b) Payee address; City, State, Zip Code Po Box 3 Poway, CA 92074-0003			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office number upkeep		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 22/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$64.80	(b) Date of Charge 04/05/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 1 Microsoft Way  Redmond, WA 98052-8300	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$3,850.00	(b) Date of Charge 04/02/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Republican Party of Texas	(b) Payee address; City, State, Zip Code PO Box 2206  Austin, TX 78768-2206			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Convention Sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$67.16	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Intuit Payroll	(b) Payee address; City, State, Zip Code PO Box 7850  Mountain View, CA 94039-7850			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Payroll services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 23/35 Rpt:		<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
<b>6</b> PAYMENT	(a) Amount Charged \$110.04	(b) Date of Charge 03/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b> PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code PO Box 60074  City Of Industry, CA 91716-0074	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign telephone	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$98.96	(b) Date of Charge 03/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>	(a) Payee name Texas Federation of Republican		(b) Payee address; City, State, Zip Code 13740 N Highway 183 Ste J4  Austin, TX 78750-1832	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Event fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$18.99	(b) Date of Charge 03/29/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>	(a) Payee name EFAX Services		(b) Payee address; City, State, Zip Code 6922 Hollywood Blvd Fl 5  Los Angeles, CA 90028-6125	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description FAX Service	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 24/35 Rpt:		<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$163.12	(b) Date of Charge 03/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b> PAYEE		(a) Payee name Enterprise Rent-A-Car		(b) Payee address; City, State, Zip Code 600 Corporate Park Dr Saint Louis, MO 63105-4204	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation for meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$231.90	(b) Date of Charge 03/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>		(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$310.24	(b) Date of Charge 03/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>		(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	



# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 25/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$387.80	(b) Date of Charge 03/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$60.00	(b) Date of Charge 03/26/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Global Select	(b) Payee address; City, State, Zip Code 12888 State Rte 6 S Sugar Land, TX 77498			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Plane supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$2,052.11	(b) Date of Charge 03/22/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Austin Catering	(b) Payee address; City, State, Zip Code 8530 Burnet Rd Austin, TX 78757-7004			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Election night party		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 26/35 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 03/21/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name 177 Chase Tower Garage	(b) Payee address; City, State, Zip Code 368 W 5th St Austin, TX 78701-3614	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$67.15	(b) Date of Charge 03/16/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name WP Engine	(b) Payee address; City, State, Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description website hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,072.85	(b) Date of Charge 03/08/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Lakeway Aviation	(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 27/35 Rpt:		<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$415.00	(b) Date of Charge 03/07/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b> PAYEE		(a) Payee name Texas Jet		(b) Payee address; City, State, Zip Code 200 Texas Way Fort Worth, TX 76106-2782	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Air Travel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$614.01	(b) Date of Charge 03/07/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>		(a) Payee name Million Air Austin		(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$15.16	(b) Date of Charge 03/06/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>		(a) Payee name Numberbarn		(b) Payee address; City, State, Zip Code Po Box 3 Poway, CA 92074-0003	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office number upkeep	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 28/35 Rpt:		<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
<b>6</b> PAYMENT	(a) Amount Charged \$76.52	(b) Date of Charge 03/06/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b> PAYEE	(a) Payee name Go Rentals Fort Worth		(b) Payee address; City, State, Zip Code 200 Texas Way Fort Worth, TX 76106-2782	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Local transportation for meeting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$390.90	(b) Date of Charge 03/05/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>	(a) Payee name Pak Mail		(b) Payee address; City, State, Zip Code 3112 Windsor Rd Ste A Austin, TX 78703-2350	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Mailbox rental #505	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$64.80	(b) Date of Charge 03/04/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>PAYEE</b>	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code 1 Microsoft Way Redmond, WA 98052-8300	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 29/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$67.16	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Intuit Payroll		(b) Payee address; City, State, Zip Code PO Box 7850  Mountain View, CA 94039-7850	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Payroll services	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$108.02	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Spectrum	(b) Payee address; City, State, Zip Code PO Box 60074  City Of Industry, CA 91716-0074			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign telephone		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,749.36	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Lakeway Aviation	(b) Payee address; City, State, Zip Code 13204 Country Trails Ln  Austin, TX 78732-2079			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flight to Midland		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 30/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$13.71	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Austin Airport Parking		(b) Payee address; City, State, Zip Code 3600 Presidential Blvd Austin, TX 78719-2363	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$18.99	(b) Date of Charge 02/29/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name EFAX Services	(b) Payee address; City, State, Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description FAX Service		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$50.00	(b) Date of Charge 02/28/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name PMSI	(b) Payee address; City, State, Zip Code 2300 Spirit of Texas Dr Del Valle, TX 78617-2286			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Airport Parking		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 31/35 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$1,096.37	(b) Date of Charge 02/28/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name Petroleum Club of Houston	(b) Payee address; City, State, Zip Code 777 Main St Fl 40 Fort Worth, TX 76102-5304	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Facility use
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$354.90	(b) Date of Charge 02/28/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Business Jet Center	(b) Payee address; City, State, Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for flight
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$386.50	(b) Date of Charge 02/28/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Million Air Austin	(b) Payee address; City, State, Zip Code 4801 Emma Browning Ave Austin, TX 78719-3303	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 32/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$1,036.58	(b) Date of Charge 02/27/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flights between Austin and Dallas	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,072.85	(b) Date of Charge 02/27/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flights between Austin and Midland	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,057.31	(b) Date of Charge 02/27/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Lakeway Aviation		(b) Payee address; City, State, Zip Code 13204 Country Trails Ln Austin, TX 78732-2079		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Flights between Austin and Dallas	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 33/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$76.52	(b) Date of Charge 02/27/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Go Rentals Dallas		(b) Payee address; City, State, Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Local transportation for meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$97.35	(b) Date of Charge 02/25/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name C Baldwin Hotel	(b) Payee address; City, State, Zip Code 400 Dallas St Houston, TX 77002-4777			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Meeting and meal			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$15.00	(b) Date of Charge 02/25/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name LPC Block 142 Transient	(b) Payee address; City, State, Zip Code 710 Walker St Houston, TX 77002-5310			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Travel In District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Parking for campaign travel			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 34/35 Rpt:	<b>2</b>	FILER NAME Craddick, Christi L. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00030098
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 02/25/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024	
<b>7</b>	PAYEE	(a) Payee name Allen Center Garage		(b) Payee address; City, State, Zip Code 1200 Smith St Houston, TX 77002-4313	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking for campaign travel	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$514.80	(b) Date of Charge 02/25/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Wilson Air Center-Houston	(b) Payee address; City, State, Zip Code 9000 Randolph St Houston, TX 77061-5233			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for plane		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$11,510.95	(b) Date of Charge 02/25/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024		
<b>PAYEE</b>	(a) Payee name Petroleum Club of Houston	(b) Payee address; City, State, Zip Code 777 Main St Fl 40 Fort Worth, TX 76102-5304			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Facility use		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 35/35 Rpt:	<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$67.16	(b) Date of Charge 06/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>7</b> PAYEE	(a) Payee name Intuit Payroll	(b) Payee address; City, State, Zip Code PO Box 7850 Mountain View, CA 94039-7850	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Payroll services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$110.04	(b) Date of Charge 06/30/2024	(c) Date(s) Credit Card Issuer Paid 04/11/2024 06/11/2024
<b>PAYEE</b>	(a) Payee name Spectrum	(b) Payee address; City, State, Zip Code PO Box 60074 City Of Industry, CA 91716-0074	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign telephone
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 124/124
<b>2</b> FILER NAME Craddick, Christi L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00030098
<b>4</b> Date 06/30/2024	<b>5</b> Name of person from whom amount is received RBC Wealth Management	<b>8</b> Amount (\$) \$1,916.43
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Midland, TX 79701	
<b>7</b> Purpose for which amount is received End of period value adjustment		<input type="checkbox"/> Check if political contribution returned to filer