FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087452 3 COMMITTEE NAME **OFFICE USE ONLY** RESTORE TRUST TEXAS (RTT) Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 26677 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Caitlyn B. NAME NICKNAME LAST **SUFFIX** Tortorici STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 421 Office Park Drive STREET **ADDRESS** (Residence or Business) Mountain Brook, AL 35223 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 421 Office Park Drive MAILING **ADDRESS** Mountain Brook, AL 35223 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (205) 440-2873 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 01/01/2024 **THROUGH** 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
RESTORE TRUST TEX	(AS (RTT)		00087452		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
SUPPORT		BALLOT IDENTIFICATION / #	FLECTI	ION DATE	
(Candidate or Measure) OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	Day	Year
ASSIST (Officeholder)	Measure	DESCRIPTION			
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THA EES OF LOANS, OR CONTRIBUTIONS MADE ILESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$46,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$31,425.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$63,051.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	DUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
		Mrs. Caitly	n B. Tortorici		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, 1	his the		day
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ated name of officer administering oath	Title of office	er administer	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

					VER SHEET	3 of 31
			E NAME E TRUST TEXAS (RTT)	18 Filer ID 00087452	(Ethics Commission	Filers)
	CHED IAME (SUBTOTAL AI	MOUNT	
1	. X	<		\$	46,525.00	
2	. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3	. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4	. [SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5	. [SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6	. [\$			
7	. [\$			
8	. ×	< .	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	31,086.80
9	. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
1	0.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
1	1. X	< .	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	339.10
1	2.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	3.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1	4. X	< _	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	78.35

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/31
2	FILER NAME RESTORE T	RUST TEXAS (RTT)			3	Filer ID (Ethics Commission Filers) 00087452
4	Date 02/29/2024			Amount of Contribution (\$) \$5,000.00		
0	Principal occu		l _o	Employer (See Instructions		
0	ENGINEER			JETTA OPERATING	•)	
	Date Full name of contributor out-of-state PAC (ID#:) 02/08/2024 BOCHSLER, DAN Contributor address; City; State; Zip Code PALESTINE, TX 75801			Amount of Contribution (\$) \$100.00		
	Principal occu	PALESTINE, TX 75801 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
	RETIRED			RETIRED		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00		
	Principal occu	PALESTINE, TX 75801 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ;)	
	RETIRED			RETIRED		
	Date 03/04/2024	Full name of contributor out-of-state PAC (IE BRAMNICK, JON Contributor address; City; State; Zip Code WESTFIELD, NJ 07090)		Amount of Contribution (\$) \$15,000.00
	Principal occu LAWYER	pation / Job title (See Instructions)		Employer (See Instructions BRAMNICK LAW	5)	
	Date 01/04/2024	Full name of contributor out-of-state PAC (IEDICKENS, DANA Contributor address; City; State; Zip Code SAN ANGELO, TX 76904	D#:			Amount of Contribution (\$) \$500.00
	•	pation / Job title (See Instructions) TE INVESTMENT		Employer (See Instructions CREEKSIDE RURAL IN		ESTMENTS, INC

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/31		
2	FILER NAME RESTORE T	FRUST TEXAS (RTT)		3	Filer ID (Ethics Commission 00087452	on Filers)	
4	Date 05/31/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00	
_	<u> </u>	NORWALK, CT 06853					
8	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)			
	Date 05/01/2024	Full name of contributor			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	HOUSTON, TX 77055 upation / Job title (See Instructions)	Employer (See Instructions				
	CEO RESOLUTION COMPA			S			
	Date Full name of contributor out-of-state PAC (ID#:) 01/02/2024 HERNANDEZ, JOHN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
		AUSTIN, TX 78702					
	Principal occu	pation / Job title (See Instructions) PARTNER	Employer (See Instructions CORVUS ADVISORS)			
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_HERNANDEZ, JOHN Contributor address; City; State; Zip Code AUSTIN, TX 78702)		Amount of Contribution (\$)	\$200.00	
	Principal occu MANAGING	pation / Job title (See Instructions) PARTNER	Employer (See Instructions CORVUS ADVISORS)			
	Date 03/02/2024	Full name of contributor out-of-state PAC (ID#:_HERNANDEZ, JOHN Contributor address; City; State; Zip Code AUSTIN, TX 78702)		Amount of Contribution (\$)	\$200.00	
	Principal occu MANAGING	pation / Job title (See Instructions) PARTNER	Employer (See Instructions CORVUS ADVISORS)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/31	
2	FILER NAME RESTORE 1	FRUST TEXAS (RTT)		3	Filer ID (Ethics Commission 00087452	on Filers)
4	Date 04/02/2024	5 Full name of contributor out-of-state PAC (ID#:_ HERNANDEZ, JOHN 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00
_		AUSTIN, TX 78702	la = 1 (0 1 1 1)			
8	MANAGING	pation / Job title (See Instructions) PARTNER	9 Employer (See Instructions CORVUS ADVISORS)		
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_HERNANDEZ, JOHN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	AUSTIN, TX 78702 upation / Job title (See Instructions)	Employer (See Instructions)		
	MANAGING		CORVUS ADVISORS	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/02/2024 HERNANDEZ, JOHN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
		AUSTIN, TX 78702				
	Principal occu MANAGING	pation / Job title (See Instructions) PARTNER	Employer (See Instructions CORVUS ADVISORS)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ JOHNSON, SHONNIE Contributor address; City; State; Zip Code ASHBURN, VA 20147)		Amount of Contribution (\$)	\$25.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_MONTY & RAMIREZ LLP Contributor address; City; State; Zip Code HOUSTON, TX 77076)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONT	TRIBUTIONS		SCHEDULE A1
	The Instruc	ction Guide explains how to co	mplete this form.	- 1	Fotal pages Schedule A1: Sch: 4/5 Rpt: 7/31
	FILER NAME RESTORE T	RUST TEXAS (RTT)			Filer ID (Ethics Commission Filers)
4	Date 05/08/2024				Amount of Contribution (\$) \$500.0
		DALLAS, TX 75214			
		pation / Job title (See Instructions) TE INVESTMENTS	9 Employer (See Instruction REMINGTON PARTNI	,	INC.
	Date 01/22/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		Amount of Contribution (\$) \$500.0
	Principal occu	AUSTIN, TX 78703 pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	ATTORNEY		JACKSON WALKER L	LLP	
	Date 05/22/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$) \$10,000.0
		SAN ANTONIO, TX 78216			
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instruction W.W. TICHENOR & C	•	C.
	Date 05/06/2024	WERNER, ERIC	of-state PAC (ID#:) Code		Amount of Contribution (\$) \$1,000.0
	Principal occu BUSINESS (pation / Job title (See Instructions)	Employer (See Instruction SELF EMPLOYED	ns)	
	Date 01/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	Of-state PAC (ID#:) Code	A	Amount of Contribution (\$) \$100.0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)	

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/31		
2	FILER NAME RESTORE T	RUST TEXAS (RTT)			3	Filer ID (Ethics Commission 00087452	n Filers)	
4	Date 02/28/2024	5 Full name of contributor ZEIDMAN, JAY	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	HOUSTON, TX 77027 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	MANAGING	PARTNER		ALTITUDE VENTURES				
	Date 03/28/2024	Full name of contributor ZEIDMAN, JAY Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		HOUSTON, TX 77027						
	•	pation / Job title (See Instructions)		Employer (See Instructions				
	MANAGING PARTNER ALTITUDE VENTURES							
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		HOUSTON, TX 77027						
	Principal occu MANAGING	pation / Job title (See Instructions) PARTNER		Employer (See Instructions ALTITUDE VENTURES	•			
	Date 05/28/2024	Full name of contributor ZEIDMAN, JAY Contributor address; City; State; HOUSTON, TX 77027	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu MANAGING	pation / Job title (See Instructions) PARTNER		Employer (See Instructions ALTITUDE VENTURES				
	Date 06/28/2024	Full name of contributor ZEIDMAN, JAY Contributor address; City; State; HOUSTON, TX 77027	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions				
	MANAGING	PARTNER		ALTITUDE VENTURES				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		oense ages/Contract Labo		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	ΛΕ.				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/18 Rpt: 9/31	RESTORE	E TRUST TEXAS (I	RTT)				00087452	
4	Date	5 Payee nam	e				•		
	01/22/2024	AMERICA	N EXPRESS						
6	Amount (\$)	7 Payee addr	ress; City;	State;	Zip Cod	le			
	\$50.77	200 VESE	Y STREET						
		NEW YOF	RK, NY 10285						
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sch	edule)	(b) Descriptio	n		
	OF EXPENDITURE		rd Payment						plete Schedule T.
	-							, officeholder living	RD BILL FOR TRAVEL,
								B SERVICE	
9	Complete ONLY if direct	Candidate/O	fficeholder name	C	Office soug	ıht		Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee nam							
	02/20/2024		N EXPRESS						
	Amount (\$)	Payee addr	•	State;	Zip Cod	ie			
	\$1,408.42	∠00 VESE	Y STREET						
		NEW YOR	RK, NY 10285						
	PURPOSE OF		(See Categories listed at the	top of this sch	edule)	(b) Descriptio		:d4.T 0	alete Och edule T
	EXPENDITURE	Credit Car	d Payment			=		ide of Texas. Com , officeholder living	plete Schedule T. g expense
						PAYMEN	IT OF (CREDIT CA	RD BILL FOR TRAVEL,
						FOOD / E	BEVER	AGE, AND I	DATA SERVICES
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	C	Office soug	ht		Office he	eld
	Date	Payee nam	e						
	03/19/2024	AMERICA	N EXPRESS						
	Amount (\$)	Payee addr	ress; City;	State;	Zip Cod	le			
	\$8.14	200 VESE	Y STREET						
		NEW YOR	RK, NY 10285						
	PURPOSE	(a) Category	(See Categories listed at the	top of this sch	edule)	(b) Descriptio			
	OF EXPENDITURE	Credit Car	rd Payment			ш.		ide of Texas. Com , officeholder living	plete Schedule T.
									RD BILL FOR DATA
						SERVICE			
	Complete ONLY if direct	Candidate/O	fficeholder name	C	Office soug	ıht		Office he	eld
	expenditure to benefit C/O	4							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		I Committee	Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/18 Rpt: 10/31		TRUST TEXAS (R	TT)				00087452		
4	Date	5 Payee name	!							
	04/23/2024	AMERICAI	NEXPRESS							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$37.65	200 VESE	Y STREET							
		NEW YOR	K, NY 10285							
8	PURPOSE OF	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Credit Card	l Payment					de of Texas. Comp officeholder living		
						ш			RD BILL FOR DATA	
						SERVICES		SILEDIT ON	ND BILL I ON BAIN	
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıaht.			Office he	ald.	
9	expenditure to benefit C/O		icentituel name	Office sou	ıgııı			Office fie	au	
_	Date	Payee name	<u> </u>							_
	05/20/2024	1	N EXPRESS							
				State; Zip Co	nd o					_
	Amount (\$)	Payee addre	•	State, Zip Ct	Jue					
	\$37.61	200 VESE	r SIREEI							
		NEW YOR	K, NY 10285							
	PURPOSE	(a) Category (s	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	l Payment					de of Texas. Com		
	LXI LINDITORL							officeholder living		
						DATA AND V			RD BILL FOR TRAVEL S	٠,
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	- experientare to benefit or en	<u>'</u>								
	Date	Payee name	•							
	01/03/2024	ANEDOT								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$8.30	1340 POYI	DRAS STREET							
		STE 1770								
		NEW ORL	EANS, LA 70112							
	PURPOSE	(a) Category (s	See Categories listed at the to	on of this schedule)	(b)	Description				
	OF	Fees	de categories listed at the to	op of this scriedule)	l` <i>′</i>		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	officeholder living	expense	
						CREDIT CAF	RD	PROCESSI	NG FEES	
L										
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	4								

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 3/18 Rpt: 11/31	2 FILER NAME 3 Filer ID (Ethics Commission Filers) RESTORE TRUST TEXAS (RTT) 00087452
4 Date 01/05/2024	5 Payee name ANEDOT
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 01/23/2024	Payee name ANEDOT
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 01/29/2024	Payee name ANEDOT
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 4/18 Rpt: 12/31	2 FILER NAME RESTORE TRUST TEXAS (RTT) 3 Filer ID (Ethics Commission Filers) 00087452
4 Date 02/06/2024	5 Payee name ANEDOT
6 Amount (\$) \$8.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 02/08/2024	Payee name ANEDOT
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 02/28/2024	Payee name ANEDOT
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Total pages Schedule F1 2 FLER NAME RESTORE TRUST TEXAS (RTT) 3 Fler ID (ethics Commission Filers)		Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide ex		-	cte this form.		OTHER (enter a	category not listed above)
4 Date 03/01/2024 5 Payee andress: City: State: Zip Code 13/10 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112 8 PURPOSE OF EXPENDITURE (a) Category: Gee Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Office held Office Sought Office held Office Sought Office held Office held Office held Office held Office held Office Sought Office held	1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
O3/01/2024			RESTORE	TRUST TEXAS (RTT	<u> </u>				00087452	
Second Complete ONLY if direct expenditure to benefit C/OH Payee name	4	Date	5 Payee name							
\$200.30 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112 8		03/01/2024	ANEDOT							
STE 1770 NEW ORLEANS, LA 70112	6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
NEW ORLEANS, LA 70112		\$200.30	1340 POY	RAS STREET						
NEW ORLEANS, LA 70112			STE 1770							
Complete ONLY if direct expenditure to benefit C/OH				EANS, LA 70112						
Check if Austin, Tx, officientoter bring expense CREDIT CARD PROCESSING FEES	8		(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description			
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SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 14/31	RESTORE TRUST TEXAS (RTT) 00087452
4	Date	5 Payee name
	03/09/2024	ANEDOT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1340 POYDRAS STREET
		STE 1770
		NEW ORLEANS, LA 70112
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8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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			STE 1770									
			NEW ORLE	ANS, LA 70112								
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			NEW ORLE	ANS, LA 70112								
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/18 Rpt: 16/31 RESTORE TRUST TEXAS (RTT) 00087452 4 Date Payee name 05/10/2024 **ANEDOT** 6 Amount (\$) Payee address; State; Zip Code City; \$21.60 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/28/2024 **ANEDOT** Amount (\$) Payee address; State; Zip Code City; \$404.60 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2024 **ANEDOT** Amount (\$) Payee address: City; State; Zip Code \$200.30 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CREDIT CARD PROCESSING FEES

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
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1	Total pages Schedule F1: Sch: 9/18 Rpt: 17/31	RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4	Date 06/04/2024	5 Payee name ANEDOT	
6	Amount (\$) \$80.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
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	06/05/2024	ANEDOT	
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	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/18 Rpt: 19/31 RESTORE TRUST TEXAS (RTT) 00087452 4 Date Payee name CATCH DIGITAL STRATEGY 04/09/2024 6 Amount (\$) Payee address; City; State; Zip Code \$1,250.00 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/08/2024 CATCH DIGITAL STRATEGY Amount (\$) Payee address; State; Zip Code City; \$1,250.00 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2024 **CATCH DIGITAL STRATEGY** Amount (\$) Payee address: City; State; Zip Code \$1,250.00 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	1
1 Total pages Schedule F1: Sch: 12/18 Rpt: 20/31	2 FILER NAME RESTORE TRUST TEXAS (RTT) 3 Filer ID (Ethics Commission Filers) 00087452
4 Date 01/24/2024	5 Payee name CROSBY OTTENHOFF GROUP
6 Amount (\$) \$1,703.75	7 Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 02/22/2024	Payee name CROSBY OTTENHOFF GROUP
Amount (\$) \$2,597.96	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 03/15/2024	Payee name CROSBY OTTENHOFF GROUP
Amount (\$) \$763.75	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 21/31	RESTORE TRUST TEXAS (RTT) 00087452
4	Date	5 Payee name
	04/17/2024	CROSBY OTTENHOFF GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$646.25	611 PENNSYLVANIA AVE SE
		NUM 267
		WASHINGTON, DC 20003
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$822.50	611 PENNSYLVANIA AVE SE
	4022.00	NUM 267
		WASHINGTON, DC 20003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/19/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$528.75	611 PENNSYLVANIA AVE SE
		NUM 267
		WASHINGTON, DC 20003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	The straight of the straight of the	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
		The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 14/18 Rpt: 22/31	RESTORE TRUST TEXAS (RTT) 00087452						
4	Date	5 Payee name						
	01/08/2024	HOLTZMAN VOGEL, PLLC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$720.00	15405 JOHN MARSHALL HIGHWAY						
		HAYMARKET, VA 20169						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		LEGAL CONSULTING						
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	oxperialitate to beliefit 6/01	•						
	Date	Payee name						
	05/01/2024	JIMMY BLALOCK CAMPAIGN						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	PO BOX 1588						
		AUSTIN, TX 78767						
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
		DONATIONS						
L								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
L	expenditure to benefit C/O	1						
	Date	Payee name						
	04/24/2024	MACKENZIE KELLY FOR AUSTIN CITY COUNCIL						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	PO BOX 170252						
		AUSTIN, TX 78717						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee						
		DONATIONS						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/18 Rpt: 23/31 RESTORE TRUST TEXAS (RTT) 00087452 4 Date Payee name 01/08/2024 MUHR, CHERYL 6 Amount (\$) Payee address; State; Zip Code \$1,159.05 10205 LA COSTA DR AUSTIN, TX 78747 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 PINE COVE CAPITAL, LLC Amount (\$) Payee address; State; Zip Code City; \$925.00 **601 CONGRESS AVE STE 300** AUSTIN, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **DATA SERVICES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2024 PINE COVE CAPITAL, LLC Amount (\$) Payee address: City; State; Zip Code \$476.50 **601 CONGRESS AVE STE 300** AUSTIN, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **DATA SERVICES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 16/18 Rpt: 24/31	RESTORE TRUST TEXAS (RTT) 00087452					
4	Date	5 Payee name					
	03/05/2024	PINE COVE CAPITAL, LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$175.00	601 CONGRESS AVE					
		STE 300					
		AUSTIN, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense DATA SERVICES					
		DATA SERVICES					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	04/05/2024	PINE COVE CAPITAL, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$175.00	601 CONGRESS AVE					
		STE 300					
		AUSTIN, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense DATA SERVICES					
		DATA SERVICES					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	05/06/2024	PINE COVE CAPITAL, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$175.00	601 CONGRESS AVE					
		STE 300					
		AUSTIN, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		DATA SERVICES					
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)						
	Sch: 17/18 Rpt: 25/31	RESTORE TRUST TEXAS (RTT) 00087452							
4	Date	5 Payee name							
	06/04/2024	PINE COVE CAPITAL, LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$175.00	601 CONGRESS AVE							
		STE 300							
		AUSTIN, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
•	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		DATA SERVICES							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	03/05/2024	SENTINEL STRATEGIC ADVISORS, LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,380.00	1250 CONNECTICUT AVE NW							
		STE 700							
		WASHINGTON, DC 20036							
	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		FUNDRAISING CONSULTING							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	05/06/2024	SENTINEL STRATEGIC ADVISORS, LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,550.00	1250 CONNECTICUT AVE NW							
		STE 700							
		WASHINGTON, DC 20036							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Solicitation/Fundraising Expense							
	LXI LINDITORL	Check if Austin, TX, officeholder living expense							
		FUNDRAISING CONSULTING							
	Complete ONLY if allowed	Condidate/Officeholder name Office sought							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/18 Rpt: 26/31	RESTORE TRUST TEXAS (RTT) 00087452
4	Date	5 Payee name
	06/10/2024	SENTINEL STRATEGIC ADVISORS, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,902.50	1250 CONNECTICUT AVE NW
		STE 700
		WASHINGTON, DC 20036
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FUNDRAISING CONSULTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/24/2024	STEVEN VILLELA CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 10721
	, —, · · · · ·	
		MIDLAND, TX 79702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DONATIONS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	DH

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 Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1 T	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)		
5	Sch: 1/3 Rpt: 27/31	RESTORE TRUST	TEXAS (RTT)			00087452			
	CREDIT CARD SSUER		ncial institution N EXPRESS	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
	PAYMENT	(a) Amount Charged \$18.67	(b) Date of Charge 01/17/2024	(c) Date(s 01/22/20) Credit Card Issuei)24	r Paid			
	PAYEE	(a) Payee name 101DOMAIN		STE 101 VISTA, \	ECUTIVE RDG /A 92081	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri WEB SE					
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
┷	PAYMENT	(a) Amount Charged \$34.48	(b) Date of Charge 01/01/2024	(c) Date(s 01/22/20) Credit Card Issuei 024	r Paid			
F	PAYEE (a) Payee name GOOGLE			(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		0.10			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
F	PAYMENT	(a) Amount Charged \$34.48	(b) Date of Charge 02/01/2024	(c) Date(s 02/20/20) Credit Card Issuer)24	r Paid			
F	PAYEE	(a) Payee name GOOGLE			address; IPHITHEATRE PI AIN VIEW, CA 94		State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	,	(b) Descri DATA SI	ERVICES				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
l									

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 Instr	ruction Guide explains how	to complete thi	s form.	(9-	.,	,		
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 2/3 Rpt: 28/31	RESTORE TRUST	TEXAS (RTT)			00087452				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged \$36.33	(b) Date of Charge 03/01/2024	(c) Date(s) C 03/19/2024	redit Card Issuei 1	r Paid				
7 PAYEE	(a) Payee name GOOGLE			HITHEATRE PI		State,	Zip Code		
	(-) 0-4			VIEW, CA 94	1043				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description DATA SER						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged \$38.38	(b) Date of Charge 04/01/2024	(c) Date(s) C 04/23/2024	redit Card Issuei 1	r Paid				
PAYEE	PAYEE (a) Payee name GOOGLE			(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description	on					
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	•	Office held				
PAYMENT	(a) Amount Charged \$38.38	(b) Date of Charge 05/01/2024	(c) Date(s) C 05/20/2024	redit Card Issuei 1	r Paid				
PAYEE	(a) Payee name GOOGLE			ldress; HITHEATRE PI N VIEW, CA 94		State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description						
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e 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 -

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

Candidate/Officeholder/Politica	-		aries/Wages/Con		THER (enter a category	not listed ab	oove)	
4 7 1 0 1 1 54		ruction Guide explains how	to complete ti	iis iorm.	la en la (en):		- 1	
1 Total pages Schedule F4:					3 Filer ID (Ethics Commission Filers)			
Sch: 3/3 Rpt: 29/31	RESTORE TRUST	T		00087452				
4 CREDIT CARD ISSUER	Name of financial institution see previous			OF UNITEMIZED DITURES	l _e			
ISSUER			CHARGED TO A CREDIT		۳			
			CARD	CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	(c) Date(s) Credit Card Issuer Paid				
	\$38.38	06/01/2024						
7 PAYEE	(a) Payee name	a) Payee name		ıddress;	City,	State,	Zip Code	
	GOOGLE		1600 AMPHITHEATRE PKWY					
			MOUNTAIN VIEW, CA 94043					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description					
EXPENDITURE			DATA SERVICES					
X Political	Office Overflead/Reflic	.ai Experise						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	T	Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$100.00	02/02/2024	02/20/2024					
	Ψ100.00	02/02/2024						
PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code	
	INTOWN TROLLEY		21 OCEAN AVE					
				KENNEBUNKPORT, ME 04046				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Descript	tion				
EXPENDITURE			TRAVEL					
X Political	Traver Out of District							
Non-Political	(c) Check if travel outside of		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 30/31 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **RESTORE TRUST TEXAS (RTT)** 00087452 Date 5 Name of person from whom amount is received 8 Amount (\$) 01/22/2024 AMERICAN EXPRESS \$2.38 6 Address of person from whom amount is received; City; State; Zip Code EL PASO, TX 79998 Purpose for which amount is received Check if political contribution returned to filer **CASH REBATE** Date Name of person from whom amount is received Amount (\$) 02/20/2024 **AMERICAN EXPRESS** \$1.06 Address of person from whom amount is received; City; State; Zip Code EL PASO, TX 79998 Purpose for which amount is received Check if political contribution returned to filer **CASH REBATE** Date Name of person from whom amount is received Amount (\$) 03/19/2024 **AMERICAN EXPRESS** \$28.19 Address of person from whom amount is received; City; State; Zip Code EL PASO, TX 79998

Purpose for which amount is received

Purpose for which amount is received

Purpose for which amount is received

Name of person from whom amount is received

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Address of person from whom amount is received; City; State; Zip Code

CASH REBATE

AMERICAN EXPRESS

EL PASO, TX 79998

AMERICAN EXPRESS

EL PASO, TX 79998

CASH REBATE

CASH REBATE

Date

Date

05/20/2024

04/23/2024

Check if political contribution returned to filer

Check if political contribution returned to filer

Check if political contribution returned to filer

Amount (\$)

Amount (\$)

\$0.73

\$0.77

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 31/31 2 FILER NAME Filer ID (Ethics Commission Filers) RESTORE TRUST TEXAS (RTT) 00087452 8 Amount (\$) Date 5 Name of person from whom amount is received 05/22/2024 AMERICAN EXPRESS \$0.77 6 Address of person from whom amount is received; City; State; Zip Code EL PASO, TX 79998 Purpose for which amount is received Check if political contribution returned to filer **CASH REBATE** Amount (\$) Name of person from whom amount is received Date 01/09/2024 BUSH, GEORGE \$44.45 Address of person from whom amount is received; City; State; Zip Code AUSTIN, TX 78755 Purpose for which amount is received Check if political contribution returned to filer REIMBURSEMENT: CREDIT CARD CHARGE