# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complet		1 Filer ID (Ethics Commi 00042130		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Donna S.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Howard				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 5375				Receipt #	Amount
Change of Address	Austin, TX 78763					
	, radan, rx reree				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	IRST		MI		
TREASURER NAME	Ms.	Donna				
	NICKNAME L	 -AST		SUFFIX		
	h	Howard				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE).	AP.	Γ / SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	P.O. Box 5375	,		.,	,	, 000_
(Residence or Business)	Austin, TX 78763					
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(737) 231-0062					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	
					appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	∐Pi	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	T (if known)	
	State Representative Distric	ct 48		State Represen	tative District 48	
	1					
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 58

13 C / OH NAME	Howard, Donna S. (T	he Honorable)	<b>14</b> Filer ID 00042130	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made without d officeholders are required to report this information	out the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAMI		
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 15,747.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 38,741.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	<b>\$</b> 94,435.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required	
		The Ho	norable Donna S. How	ard
		Signature	e of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			3 of 58	8
<b>18</b> FILER NA Howard,	ME Donna S. (The Honorable)	<b>19</b> Filer ID 00042130	(Ethics Commission Filers)	
	LE SUBTOTALS SCHEDULE	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,747	7.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 38,741	L.68
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		LE <b>A1</b>		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/58	
2	FILER NAME Howard, Doi	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Albert, David  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_	Daine in all a second	Austin, TX 78741				
8	Principal occu Professor	pation / Job title (See Instructions)	9 Employer (See Instructions Austin Community Colle			
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Austin Firefighters Association PAC Contributor address; City; State; Zip Code  Austin, TX 78757			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 03/02/2024	Full name of contributor out-of-state PAC (ID#:_ Bazerghi, Norma Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78746		<u></u>		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Bristol-Myers Squibb Company PAC Contributor address; City; State; Zip Code Washington, DC 20004	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ CVS Health PAC Contributor address; City; State; Zip Code Washington, DC 20004	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/58			
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)		
4	Date 01/28/2024	5 Full name of contributor out-of-state PAC (ID#:)  Dean, Patricia  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00			
	Dringing aggr	Imperial, MO 63052	In.	Employer (See Instructions	·/				
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions None	·)				
	Date 02/17/2024	Full name of contributor  Dunnam, Robert  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00		
	Deinstead	Austin, TX 78749		Frankrije (Cooks trockie ro	<u></u>				
	Principal occupation / Job title (See Instructions) Employer (See Instructions  Tech Sale Representative Farmers Cooper		5)						
	Date 05/27/2024	Full name of contributor  Eakman, Gary  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$50.00		
		Austin, TX 78731							
	Principal occu Software Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions Bazaarvoice	s)				
	Date 02/22/2024	Full name of contributor Friends of the University PA Contributor address; City; State Austin, TX 78763		)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 02/06/2024	Full name of contributor  HCA Texas Good Governm  Contributor address; City; State  Dallas, TX 75240		)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			·						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/58	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 01/25/2024			7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78739					
8	Principal occu Government			9 Employer (See Instruct Marquez Public Affa			
	Date 06/07/2024	Full name of contributor  McCann, Robert  Contributor address; City; Sta  Austin, TX 78746	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Professor	upation / Job title (See Instructions)	)	Employer (See Instruct		**:-	
	Date 03/02/2024	Full name of contributor  Nelson, Phyllis  Contributor address; City; State Austin, TX 78716	out-of-state PAC (ID#:ate; Zip Code		)	Amount of Contribution (\$)	\$100.00
	Principal occu Bookseller	upation / Job title (See Instructions)	)	Employer (See Instruct	l tions)		
	Date 03/29/2024	Full name of contributor Neptune, Mary S.  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instruct None	tions)		
	Date 03/19/2024	Full name of contributor Patrick, Mary  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	)	Employer (See Instruct None	tions)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/58	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	Filers)
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (ID#:) Rodriguez, Homer & Carolyn  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
_	Delinational	Austin, TX 78748	- Ia	- Facely and (One leastwesting			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions None	S)		
	Date 03/05/2024	Full name of contributor Rodriguez, Homer & Carol Contributor address; City; Sta	-	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Austin, TX 78748  Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 04/12/2024	Full name of contributor Rodriguez, Homer & Carol Contributor address; City; Sta	-		-	Amount of Contribution (\$)	\$50.00
		Austin, TX 78748			Ĺ		
	Retired	ipation / Job title (See Instructions)	)	Employer (See Instructions None	s)		
	Date 05/12/2024	Full name of contributor Rodriguez, Homer & Carol Contributor address; City; Sta	-	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Austin, TX 78748 pation / Job title (See Instructions)	)	Employer (See Instructions None	<u> </u> s)		
	Date 06/17/2024	Full name of contributor Rodriguez, Homer & Carol Contributor address; City; Sta	-	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u>I</u> S)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/58			
2	FILER NAME Howard, Dor	na S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)		
4	Date 03/02/2024  5 Full name of contributor out-of-state PAC (ID#:) Sherwin, Robbi  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$36.00				
8	Principal occu	Parker, CO 80134 pation / Job title (See Instructions)	9	Employer (See Instructions	(i)				
	Not Employe			None	,				
	Date 06/17/2024	Full name of contributor out-of-state PAC (ID#:_ Stonewall Democrats of Austin PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00		
		Austin, TX 78704							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#: TX Academy of Audiology PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00		
		College Station, TX 77845							
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	s)				
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas American Federation of Teachers COPE   Contributor address; City; State; Zip Code  Austin, TX 78741				Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$4,000.00		
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)				

	MONET	ARY POLITICAL CONTRIBUTION		LE <b>A1</b>		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/58	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 03/05/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Lagge	Austin, TX 78759	O Frankrige (Cook keets et anno			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ United Health Group PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_VATAT - PAC Fund  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$350.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Wyman, Ralph Contributor address; City; State; Zip Code  Minneapolis, MN 55403			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None	)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78265			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/58	
FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130	
Date 03/09/2024	<ul> <li>Full name of contributor</li></ul>	:)	7 Amount of Contribution (\$) \$100.00
	Austin, TX 78746	<u></u>	
		9 Employer (See Instruction None	ns)
	The Instru FILER NAME Howard, Do Date 03/09/2024	The Instruction Guide explains how to complete this  FILER NAME Howard, Donna S. (The Honorable)  Date 03/09/2024  5 Full name of contributor out-of-state PAC (ID# kreitler, charles  6 Contributor address; City; State; Zip Code	The Instruction Guide explains how to complete this form.  FILER NAME Howard, Donna S. (The Honorable)  Date 03/09/2024   5 Full name of contributor   out-of-state PAC (ID#:) kreitler, charles  6 Contributor address; City; State; Zip Code  Austin, TX 78746  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Et	nics Commission Filers)
Sch: 1/48 Rpt: 11/58	Howard, Donna S. (The Honorable)		00042130	
4 Date	5 Payee name		•	
02/08/2024	Aba Austin			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$50.00	1011 S Congress Ave			
	Austin, TX 78745			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		vel outside of Texas. Complete	Schedule T.
LAPENDITORE		. —	stin, TX, officeholder living expe	
		Food for Oi	fficeholder during Me	eting
Complete ONLY if direct	Condidate/Office helder name Office and	laht	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ugni	Office held	
Date	Payee name			
06/30/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$25.58	366 Summer St.			
	Somerville, MA 02144			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	ı <b>—</b>	vel outside of Texas. Complete stin, TX, officeholder living expe	
			Processing Fees	
			G	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
03/29/2024	Alamo Drafthouse			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$67.70	1120 S Lamar Blvd			
	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		vel outside of Texas. Complete	Schedule T.
EXPENDITURE	T dod/Boverage Expense	Check if Aus	stin, TX, officeholder living expe	nse
		Food for Of	fficeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held	
Experience to benefit C/O				_

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/48 Rpt: 12/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
L	03/04/2024	Allianz Global Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.65	9950 Mayland Drive
L		Richmond, VA 23233
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Flight Insurance
		Thight insulation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	06/06/2024	Blue Action Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	9532 Colebrook St.
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	Davida marra
	Date 04/09/2024	Payee name
		Blue Action Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	9532 Colebrook St.
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
1		

### SCHEDULE F1

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

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

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

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

	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: 3/48 Rpt: 13/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/17/2024	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Graphic Design Subscription
		Graphic Design Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/15/2024	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
	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  Graphic Design Subscription
		Graphic Design Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 04/16/2024	Payee name Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
	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  Graphic Design Subscription
		Graphic Design Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

### SCHEDULE F1

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

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

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

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

xpense Travel in Dist Expense Travel Out of Wages/Contract Labor OTHER (ente

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries  The Instruction Guide explains how to c		es/Contract Labor OTHER (enter a category not listed above)  lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/48 Rpt: 14/58	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		·
	03/15/2024	Canva		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$12.95	75 E Santa Clara St.		
		San Jose, CA 95113		
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.
	EXPENDITORE	·		Check if Austin, TX, officeholder living expense
				Graphic Design Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experiditure to beriefit C/Oi	П		
	Date	Payee name		
	02/15/2024	Canva		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$12.95	75 E Santa Clara St.		
		San Jose, CA 95113		
	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
				Graphic Design Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experiantiale to belief of of	''		
	Date	Payee name		
	01/16/2024	Canva		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$12.95	75 E Santa Clara St.		
		San Jose, CA 95113		
	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.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Graphic Design Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	п		

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Gift/Awards/Memorial Legal Services	•		/ages	/Contract Labor		Travel Out of OTHER (en		trict category not listed above)
Ļ	=	1.		The Instruction G	ouiue expiairis	HOW TO COL	iiibie	te uns ioiii.	-			(=::: =: : =:: :
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
	Sch: 5/48 Rpt: 15/58		Howard, Do	nna S. (The H	onorable)					0004213	30	
4	Date	5	Payee name									
L	04/01/2024		Codepende	nt Austin								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$47.68		301 West A	ve STE 110								
			Austin, TX 7	78701								
8	PURPOSE	(a)	Category (5)	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF			age Expense	and top or and con-	.oud.o,		_ `	outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE			•				Check if Austin			living	expense
								Food for offic	eho	older		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Offic	e he	eld
	experientare to benefit C/OI	' '										
	Date		Payee name									
	06/10/2024		Courtyard b	y Marriott								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$241.95		12065 Gate	way Blvd.								
			W									
			El Paso, TX	79936								
	PURPOSE	(a)	Category (s)	ee Categories listed at	the ten of this coh	andula)	(b)	Description				
	OF	` <u>`</u>	Travel Out		ure tob or triis SCU	ieuuie)	. ,	_	outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder	living	expense
								Hotel Stay for	r D	emocrati	c Co	onvention (member)
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Offic	e he	eld
L	CAPERIORALE TO DETICITE C/OI	' '										
	Date		Payee name		<u> </u>							
	06/10/2024		Courtyard b	y Marriott								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$230.85		12065 Gate	way Blvd.								
			W									
			El Paso, TX	79936								
	PURPOSE	(a)	Category (54	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	ĺ <i>′</i>	Travel Out		top of this 30H	,	.,		outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE							Check if Austin				
								Hotel Stay for	r D	emocrati	c Co	onvention (staffer)
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Offic	e he	eld
	experience to beliefft C/OI	' '										

#### 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	
-	Total pages Cabadala E4	
1	Total pages Schedule F1: Sch: 6/48 Rpt: 16/58	2 FILER NAME Howard, Donna S. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
	06/12/2024	Dallas Morning News
6	Amount (\$) \$32.51	7 Payee address; City; State; Zip Code 1954 Commerce St  Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Newspaper Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	, (550 550 550 550 550 550 550 550 550 55
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
	<b>402.01</b>	
		Dallas, TX 75201
	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.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

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: 7/48 Rpt: 17/58 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 03/12/2024 **Dallas Morning News** 6 Amount (\$) Payee address; State; Zip Code \$32.51 1954 Commerce St Dallas, TX 75201 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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2024 **Dallas Morning News** Amount (\$) Payee address; City; State; Zip Code \$32.51 1954 Commerce St Dallas, TX 75201 **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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/12/2024 **Dallas Morning News** Amount (\$) Payee address: City; State; Zip Code \$32.51 1954 Commerce St Dallas, TX 75201 **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 **Newspaper Subscription** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 8/48 Rpt: 18/58	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	_
	05/31/2024	Davis, Henry	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,700.00	2808 Kinney Oaks Ct	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff Pay	
_			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	'		_
	Date	Payee name	
	05/02/2024	Davis, Henry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,700.00	2808 Kinney Oaks Ct	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Staff Pay	
		Stati Fay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	=
	04/01/2024	Davis, Henry	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,700.00	2808 Kinney Oaks Ct	
	<del></del>		
		Austin, TX 78704	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff Pay	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit C/OI	<u> </u>	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/48 Rpt: 19/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/04/2024	Davis, Henry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	02/06/2024	Davis, Henry
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Staff Pay
L	Commiste ONII V if diseast	Condidate/Officeholder news Office south
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
L		
	Date	Payee name
	06/10/2024	El Paso Convention Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.47	One Civic Center Plaza
		El Paso, TX 79901
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Member & Staff while traveling
L		
I	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- Farmana to sonone or or	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/48 Rpt: 20/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/10/2024	El Paso Convention Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.25	One Civic Center Plaza
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for Member & Staff while traveling
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	01/31/2024	Fairmont Austin
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$30.31	101 Red River St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking Fee
		T diking t cc
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/26/2024	Frond Plant Shop
L	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	507 W Mary St.
	Ψ21.03	307 W Mary St.
		Austin, TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Mamorials Expanse  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Thank You Gift
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 11/48 Rpt: 21/58	Howard, Donna S. (The Honorable) 00042130					
4	Date	5 Payee name					
	01/26/2024	GNI Consulting LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$900.00	P.O. Box 685008					
		Austin, TX 78768					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Compliance Consultant					
		Compilative Consultant					
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	06/10/2024	Gannet Co, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.86	7950 Jones Branch Drive					
		McLean, VA 22107					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Newspaper Subscription					
		νενισμένει στιριστί					
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	•						
	Date	Payee name					
	05/09/2024	Gannet Co, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.86	7950 Jones Branch Drive					
		McLean, VA 22107					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense					
		Newspaper Subscription					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experience to beliefit 6/01	•					

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/48 Rpt: 22/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/10/2024	Gannet Co, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Drive
		McLean, VA 22107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	· .	
	Date	Payee name
	03/11/2024	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Drive
		McLean, VA 22107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		Newspaper Substribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/09/2024	Gannet Co, Inc.
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Drive
	Ψ13.00	1000 Conco Dianon Drive
		McLean, VA 22107
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense 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	
_		<u> </u>
1	Total pages Schedule F1: Sch: 13/48 Rpt: 23/58	2 FILER NAME Howard, Donna S. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
	01/10/2024	Gannet Co, Inc.
6	Amount (\$) \$15.86	7 Payee address; City; State; Zip Code 7950 Jones Branch Drive
_		McLean, VA 22107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Newspaper Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2024	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/18/2024	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Campaign Email Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 14/48 Rpt: 24/58	Howard, Donna S. (The Honorable) 00042130					
4	Date	5 Payee name					
	06/11/2024	HEB					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$25.09	2301 Congress Ave.					
		Austin, TX 78704					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Groceries for Capitol Office					
		Crossines for Capital Cities					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Davies same					
	04/24/2024	Payee name HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$95.76	2301 Congress Ave.					
		Austin, TX 78704					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Groceries for Capitol Office					
		Green to Eapher Since					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
_	Date	Davies name					
	03/14/2024	Payee name HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.18	2301 Congress Ave.					
		Austin, TX 78704					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Groceries for Capitol Office					
		· ·					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

### SCHEDULE F1

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

Fees Office Overhead/R
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Credit Card Payment	idei/Foiliteai	The Instruction Guide explains how to d	-	lete this form.
1 Total pages Sched	dule F1:	·		3 Filer ID (Ethics Commission Filers)
Sch: 15/48 Rpt:	- 1	Howard, Donna S. (The Honorable)		00042130
4 Date		5 Payee name		<b>'</b>
02/14/2024		HEB		
6 Amount (\$)		7 Payee address; City; State; Zip C	ode	
9	\$67.49	2301 Congress Ave.		
		Austin, TX 78704		
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF		Food/Beverage Expense	` `	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		• .		Check if Austin, TX, officeholder living expense
				Food for Capitol staff
9 Complete <u>ONLY</u> if expenditure to ber		Candidate/Officeholder name Office so	ught	Office held
experialitate to ber				
Date		Payee name		
06/04/2024		Hill Country Springs		
Amount (\$)		Payee address; City; State; Zip C	ode	
\$	\$24.32	10019 S Interstate 35 Frontage Rd.		
		Austin, TX 78747		
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
				Water Delivery for Office
Complete ONLY if	direct	Condidate/Officeholder name Office on	abt	Office hold
Complete ONLY if expenditure to ber		Candidate/Officeholder name Office so	ugni	Office held
Date		Payee name		
05/02/2024		Hill Country Springs		
Amount (\$)	.	Payee address; City; State; Zip C	ode	
\$	\$46.31	10019 S Interstate 35 Frontage Rd.		
		Austin, TX 78747		
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
				Water Delivery for Office
Complete ONLY :	direct	Candidate/Officeholder name	uabt	Office hold
Complete ONLY if expenditure to ber		Candidate/Officeholder name Office so	ugnt	Office held

#### SCHEDULE F1

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

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

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: 16/48 Rpt: 26/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/02/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.82	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water Delivery for Office
		Tracer beinger, for emise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/04/2024	Hill Country Springs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	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  Water Delivery for Office
		water belivery for Office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/02/2024	Hill Country Springs
L		
	Amount (\$)	
	\$10.83	10019 S Interstate 35 Frontage Rd.
		A (1) TV 707.47
		Austin, TX 78747
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water Delivery for Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to o		ete this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 17/48 Rpt: 27/58	Howard, Donna S. (The Honorable)		00042130
4 Date	5 Payee name		•
01/03/2024	Hill Country Springs		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$10.83	10019 S Interstate 35 Frontage Rd.		
	Austin, TX 78747		
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 Water Delivery for Office
			water belivery for Office
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Tiapt	Office held
expenditure to benefit C/O		,agrit	Office field
Date	Payee name	—	
06/10/2024	Hotel Paso Del Norte		
		Codo	
Amount (\$) \$73.50	Payee address; City; State; Zip C  10 Henry Trost Ct.	Joue	
Φ13.50	To helly flost Ct.		
	FI Dana TV 70004		
	El Paso, TX 79901	1	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
			Hotel Accommodations for Officeholder during Travel
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/O	H		
Date	Payee name		
05/10/2024	House of Representatives		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$25.00	P.O. Box 2910		
	Austin, TX 78768		
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.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			Flags/Office Supplies
Olet ONIVER	Operation of the second	<u></u>	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/48 Rpt: 28/58	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	·
	06/25/2024	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	Office Overhead/Rental Expense	eck if travel outside of Texas. Complete Schedule T.
			eck if Austin, TX, officeholder living expense spaper Subscription
		inews	spaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
_	Date	Davida nama	
	06/06/2024	Payee name Houston Chronicle	
	Amount (\$) \$19.96		
	Ф19.90	4747 Southwest Fwy	
		Househore TV 77007	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	•
	EXPENDITURE	Onice Overnead/Nertial Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			spaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/28/2024	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	,	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, officeholder living expense
		News	spaper Subscription
	0 1. 0		05.
	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 -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

e Travel in Disi Travel Out of Contract Labor OTHER (ente

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/48 Rpt: 29/58	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		
	05/09/2024	Houston Chronicle		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$19.96	4747 Southwest Fwy		
L		Houston, TX 77027		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/30/2024	Houston Chronicle		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$27.72	4747 Southwest Fwy		
		Houston, TX 77027		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Newspaper Subscription
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/11/2024	Houston Chronicle		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$19.96	4747 Southwest Fwy		
		11 TV 77007		
L		Houston, TX 77027		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiorale to belieff C/OI	1		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/48 Rpt: 30/58	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		
	04/02/2024	Houston Chronicle		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u>—</u>	
	\$23.96	4747 Southwest Fwy		
		•		
		Houston, TX 77027		
8	PURPOSE		h) D	inking
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	_	escription T Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overflead/Refital Expense	┝	Check if Austin, TX, officeholder living expense
			N	ewspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/14/2024	Houston Chronicle		
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
	\$19.96	4747 Southwest Fwy	•	
	720.00			
		Houston, TX 77027		
	DUDDOCE		L\ _	
	PURPOSE OF	2 ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	D) D	escription 7 Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	F	Check if Austin, TX, officeholder living expense
			N	ewspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/05/2024	Houston Chronicle		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$23.96	4747 Southwest Fwy	•	
	,			
		Houston, TX 77027		
	BUBBOOF			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>0)</b> D	escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Rental Expense	F	Check if Austin, TX, officeholder living expense
			N	ewspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/48 Rpt: 31/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/15/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/06/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
	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  Newspaper Subscription
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/18/2024	Houston Chronicle
	Amount (\$) \$19.96	Payee address; City; State; Zip Code 4747 Southwest Fwy
	\$19.90	4747 Southwest rwy
		He stee TV 77007
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/48 Rpt: 32/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/09/2024	Houston Chronicle
6	Amount (\$) \$23.96	7 Payee address; City; State; Zip Code 4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Newspaper Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/28/2024	Juliet Italian Kitchen
	Amount (\$) \$98.59	Payee address; City; State; Zip Code 1500 Barton Springs Rd.
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food for Officeholder during Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2024	L & J Cafe
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 3622 E. Missouri Ave.
		El Paso, TX 79903
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food for Member & Staff while traveling
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense EAccounting/Banking FOOSulting Expense FOOSUlting Expense FOOSUlting Expense FOOSULTING FO

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 23/48 Rpt: 33/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
L	04/05/2024	League of Women Voters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3908 Avenue B
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/30/2024	Lopez-Resendez Cupero, Samantha
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,025.00	12833 Withers Way
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Pay
		Stan Lay
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/13/2024	Lopez-Resendez Cupero, Samantha
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,025.00	12833 Withers Way
	·	
		Austin, TX 78727
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Staff Pay
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### 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

1 Total pages Schedule F1:2 FILER NAME3 Filer ID(Ethics Commission FSch: 24/48 Rpt: 34/58Howard, Donna S. (The Honorable)00042130	
Sch: 24/48 Rnt: 34/58   Howard Donna S (The Honorable) 000/42130	lers)
Con. 2-17-0 Tipt. 0-1700   Howard, Bolling O. (The Hollolidade)	
4 Date 5 Payee name	
04/04/2024 Lopez-Resendez Cupero, Samantha	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$2,200.00 12833 Withers Way	
Austin, TX 78727	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule)  OF  Calculation Magnet / Construct Labors  (b) Description	
Salaries/wages/Contract Labor Lieuwer duside of rexast complete schedule 1.	
Check if Austin, TX, officeholder living expense  Staff Pay	
Stan Lay	
Complete ONLY if direct	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
03/06/2024 Lopez-Resendez Cupero, Samantha	
Amount (\$) Payee address; City; State; Zip Code	
\$925.00 12833 Withers Way	
Austin, TX 78727	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Category (See Categories listed at the top of this schedule)  (b) Description	
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Staff Pay	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Data Payes name	
Date Payee name	
02/12/2024 Lopez-Resendez Cupero, Samantha	
Amount (\$) Payee address; City; State; Zip Code	
\$925.00   12833 Withers Way	
Austin, TX 78727	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
Cneck if Austin, 1X, officenoider living expense	
Staff Pay	
Operation ONLY if all and the Company of the Compan	
Complete <u>ONLY</u> 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

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

Candidate/Officeholder/Political 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: 25/48 Rpt: 35/58	Howard, Donna S. (The Honorable) 00042130
4 Date	5 Payee name
06/10/2024	Lyft, Inc
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Transportation
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/10/2024	Lyft, Inc
Amount (\$) \$50.00	Payee address; City; State; Zip Code 185 Berry St #5000
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Officeholder Transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/13/2024	Microsoft Corporation
Amount (\$) \$75.76	Payee address; City; State; Zip Code 10900-II Stonelake Blvd Suite 225
	Austin, TX 78759
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Microsoft Office Subscription
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/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 26/48 Rpt: 36/58	2 FILER NAME Howard, Donna S. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
	04/26/2024	One American Center Garage
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 155 W 7th St  Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2024	Planned Parenthood Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,035.25	7424 Greenville Ave # 206
		Dallas, TX 75231
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/20/2024	Progress Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$516.45	PO Box 162922
		Austin, TX 78716
	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
		Candidate/Officeholder/Political Committee
		2 STANSTI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 27/48 Rpt: 37/58	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	06/14/2024	San Antonio Express News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.72	P.O. Box 2171	
		San Antonio, TX 78205	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Newspaper Subscription	
		Newspaper Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	05/17/2024	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$27.72	P.O. Box 2171	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Newspaper Subscription	
		Newspaper Casconpacti	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	=
	04/19/2024	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$27.72	P.O. Box 2171	
	421112	1101.50% 2212	
		San Antonio, TX 78205	
	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	
		Newspaper Subscription	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/48 Rpt: 38/58	Howard, Donna S. (The Honorable)	00042130
4 Date	5 Payee name	<u>'</u>
03/22/2024	San Antonio Express News	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$23.96	P.O. Box 2171	
	San Antonio, TX 78205	
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.
EXPENDITORE	·	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		0.5
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
02/23/2024	San Antonio Express News	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$23.96	P.O. Box 2171	
	San Antonio, TX 78205	
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  Newspaper Subscription
		. To Hopapar Gasson pass.
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		
Date	Payee name	
01/26/2024	San Antonio Express News	
Amount (\$)	Payee address; City; State; Zip Cod	ρ
\$23.96	P.O. Box 2171	
7-0.00		
	San Antonio, TX 78205	
DUDDOCE		h) 5
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overheau/Nerital Expense	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	٦	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 29/48 Rpt: 39/58	Howard, Donna S. (The Honorable) 00042130							
4	Date	5 Payee name							
	05/22/2024	Schieve, Eugenie							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$250.00	100 Clearwater Way							
		Kyle, TX 78640							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Staff Pay							
		Starr dy							
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
	•								
	Date	Payee name							
	04/22/2024	Schieve, Eugenie							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$300.00	100 Clearwater Way							
		Kyle, TX 78640							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Staff Pay							
		Starr dy							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·							
	Date	Payee name							
	03/04/2024	Schieve, Eugenie							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	100 Clearwater Way							
		Kyle, TX 78640							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Staff Pay							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	onponditure to belieff 6/01	•							

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/48 Rpt: 40/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/04/2024	Schieve, Eugenie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	100 Clearwater Way
		Kyle, TX 78640
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	H
H	Date	Payee name
	03/04/2024	Schieve, Eugenie
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	100 Clearwater Way
	Ψ230.00	100 Olea Water Way
		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	Data	
	Date 06/03/2024	Payee name Slack Technologies, LLC
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.07	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Video Conferencing Subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 31/48 Rpt: 41/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/03/2024	Slack Technologies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
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
		Staff Messaging Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2024	Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
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
		Staff Messaging Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2024	Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Messaging Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 32/48 Rpt: 42/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/05/2024	Slack Technologies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
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
		Staff Communication Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	01/03/2024	Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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
		Staff Communication Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/06/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$473.96	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for Officeholder (Dem Convention flight)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 33/48 Rpt: 43/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/21/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$268.63	225 Varick Street, 12th Floor
		New York, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website Subscription Renewal
		website Subscription Renewal
<u>_</u>	Complete ONLY 'C. "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	225 Varick Street, 12th Floor
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website Subscription Renewal
		website Subscription Renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/22/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	225 Varick Street, 12th Floor
		New York, NY 10014
	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
		Website Subscription Renewal
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to beliefft 6/01	•

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 34/48 Rpt: 44/58	Howard, Donna S. (The Honorable)	00042130	
4	Date	5 Payee name		
	06/10/2024	Sweetwaters Coffee		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
l	\$11.42	316 W 12th St.		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food for Capitol Office Staff
				Food for Capitor Office Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
ľ	expenditure to benefit C/O			Office field
H	Date	Payee name		
	01/31/2024	TX Tag		
┝	Amount (\$)	Payee address; City; State; Zip Cod	ما	
l	\$6.93	12719 Burnet Road	ıc	
	Ψ0.33	12713 Burnet Nodu		
		Auctin TV 70727		
L	DUDD005	Austin, TX 78727		
	PURPOSE OF	5 7 (222 232 32 232 232 232 232 232 232 232	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense		Check if Austin, TX, officeholder living expense
		·		Toll Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
L	experialiture to benefit C/O			
	Date	Payee name		
	06/25/2024	Taco Cabana		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$24.36	6611 S. Mopac Expressway		
l		Austin, TX 78749		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Food for Capitol Office Staff
				1 ood for Capitor Office Staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	<b>9</b>		255 11010
$\vdash$				

#### SCHEDULE F1

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

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

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

ense Travel in District
pense Travel Out of District
ages/Contract Labor OTHER (enter a c

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 35/48 Rpt: 45/58 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 05/10/2024 Tastea Deli 6 Amount (\$) Payee address; State; Zip Code \$25.33 922 Congress Ave. Austin, TX 78701 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Officeholder during Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2024 **Texas Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$5,000.00 P.O. Box 15707 Austin, TX 78761 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/20/2024 Texas Silver Haired Legislature Foundation Amount (\$) Payee address: City: State; Zip Code \$250.00 7000 N MoPac Expwy., Suite 200 Austin, TX 78731 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Ad space Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/48 Rpt: 46/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/18/2024	Texas Young Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	13224 Marrero Dr.
	,	
		Austin, TX 78729
Ļ	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	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
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/17/2024	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
	,	g
		New York, NY 10018
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/12/2024	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue
		New York, NY 10018
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1 

#### SCHEDULE F1

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

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

Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee 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: 37/48 Rpt: 47/58 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 05/20/2024 The New York Times Company 6 Amount (\$) Payee address; City; State; Zip Code \$18.09 620 Eighth Avenue New York, NY 10018 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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/14/2024 The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 620 Eighth Avenue New York, NY 10018 **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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/24/2024 The New York Times Company Amount (\$) Payee address: City: State; Zip Code \$21.28 620 Eighth Avenue New York, NY 10018 **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 **Newspaper Subscription** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 38/48 Rpt: 48/58	Howard, Donna S. (The Honorable) 00042130								
4	Date	5 Payee name								
	04/22/2024	The New York Times Company								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$18.09	620 Eighth Avenue								
		New York, NY 10018								
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.								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Newspaper Subscription								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/O	the state of the s								
	Data									
	Date	Payee name The New York Times Company								
	03/25/2024	The New York Times Company								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.09	620 Eighth Avenue								
		New York, NY 10018								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Newspaper Subscription								
		Transpapar Cascarption								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	<del>1</del>								
	Date	Payee name								
	03/19/2024	The New York Times Company								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$21.28	620 Eighth Avenue								
		New York, NY 10018								
	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								
		Newspaper Subscription								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	onpolicitate to bollolit 0/01	•								

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -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: 39/48 Rpt: 49/58 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 02/26/2024 The New York Times Company 6 Amount (\$) Payee address; City; State; Zip Code \$18.09 620 Eighth Avenue New York, NY 10018 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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/20/2024 The New York Times Company Amount (\$) Payee address; City; State; Zip Code \$21.28 620 Eighth Avenue New York, NY 10018 **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 Newspaper Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 The New York Times Company Amount (\$) Payee address: City: State; Zip Code \$18.09 620 Eighth Avenue New York, NY 10018 **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 **Newspaper Subscription** 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 Com

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 40/48 Rpt: 50/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/23/2024	The New York Times Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue
		New York, NY 10018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Newspaper Subscription
		Νενισμαμεί Βαριστήμιστί
<u>_</u>	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	01/02/2024	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		New York, NY 10018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		πονοραρεί σαροστιριστί
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/06/2024	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compaign Fmail Vandor
		Campaign Email Vendor
_	Complete ONLY if divert	Candidate/Officeholder name Office accept
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ttee L	-ood/Beverage Expens Sift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)	
L	Sch: 41/48 Rpt: 51/58	Ho	oward, Dor	nna S. (The Hor	norable)					00042130		
4	Date	<b>5</b> Pa	yee name									
	05/06/2024	Th	ne Rocket S	Science Group,	LLC							
6	Amount (\$)	<b>7</b> Pa	yee addres:	s; City;	State;	Zip Co	de					
	\$57.56	67	'5 Ponce D	e Leon Ave NE	, Suite 500	0						
		At	lanta, GA 3	30308								
8	PURPOSE	(a) Ca	ategory (See	Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l		ead/Rental Exp		,		므			plete Schedule T.	
	EXI ENDITORE							_		officeholder living	j expense	
								Campaign Em	ııall	venuul		
_	Complete ONLY if direct		ndidata/O#:-	oholder name		office corr	ah+			Office he	nld	
9	Complete ONLY if direct expenditure to benefit C/OI		iuiuale/Offic	eholder name		office sou	yııı			Office ne	:iu	
	Date	Pa	yee name									
	04/08/2024	Th	ne Rocket S	Science Group,	LLC							
	Amount (\$)	Pa	yee addres	s; City;	State;	Zip Co	de					
	\$57.56	67	'5 Ponce D	e Leon Ave NE	, Suite 500	0						
		At	lanta, GA	30308								
	PURPOSE	( <b>a)</b> Ca	ategory (See	Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Exp		ŕ		<b>—</b>			plete Schedule T.	
	ZA ZABITORZ							ш		officeholder living	g expense	
								Campaign En	ııall	v <del>C</del> HUUI		
$\vdash$	Complete ONLY if direct	Can	ndidate/Offic	eholder name	0	Office sou	aht			Office he	-jų	
	expenditure to benefit C/O		ididate/Offic	Choider Haine	O	moc sou	Ailt			Office He	J. G.	
-	Date	D-	WOO 2022									_
	Date 03/06/2024	l	iyee name ne Rocket '	Science Group,	II.C							
						7in 0-	de					
	Amount (\$) \$57.56	l	yee addres: 75 Ponce C			Zip Co	ue					
	06.16φ	67	5 PUILLE L	e Leon Ave NE	., Suite 500	U						
		At	lanta, GA 3	30308								
	PURPOSE	(a) Ca	ategory (See	Categories listed at th	e top of this sch	edule)	(b)	Description		<u> </u>		
	OF EXPENDITURE	Of	ffice Overh	ead/Rental Exp	ense			_		de of Texas. Com officeholder living	plete Schedule T.	
								Campaign En				
								- 2baigii <u>- 1</u> 11			···	
	Complete ONLY if direct	<u>I</u> Can	ndidate/Offic	eholder name	C	Office sou	ght			Office he	eld	_
	expenditure to benefit C/OI						J			200 110		
												_

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/48 Rpt: 52/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/06/2024	The Rocket Science Group, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
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  Campaign Email Vendor
		Campaign Email vendor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	01/08/2024	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	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.
		Campaign Email Vendor
		Campaign Email vendor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/14/2024	Town Park Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.48	701 E 11th St,
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense
		Parking Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	C File D MANE
1	Total pages Schedule F1: Sch: 43/48 Rpt: 53/58	2 FILER NAME Howard, Donna S. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
	02/14/2024	Travis County Democratic Party
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1611-B E. 6th St.  Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2024	Travis County Parks Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.14	314 W. 11th Street
		Suite 200B
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
	Date	Payee name
	06/20/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.00	823 Congress Ave.
		Ste. 150
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense P.O. Renewal Fee
		F.O. Nellewal Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By 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 F	ilers)
	Sch: 44/48 Rpt: 54/58	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	02/29/2024	University of Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.00	1900 University Ave.	
		Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	
		Expense Check if Austin, TX, officeholder living expense Parking Fee	
		raining ree	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
,	expenditure to benefit C/O		
$\vdash$	Date	Payee name	
	01/24/2024	Welsch & Ward: Printy Charlie R CPA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	8500 Bluffstone Cove	
	ψ330.00	3300 Bidiistone Cove	
		Austin TV 707E0	
		Austin, TX 78759	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		CPA for Tax Filing Services for 1099 staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	06/03/2024	Ylana Gonzalez, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,525.00	8004 Swindon Lane	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	_/	Check if Austin, TX, officeholder living expense	
		Staff Pay	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
Eor	me provided by Texas F	Ethics Commission www.athics.state.tv.us Varsion V// 1.0.d2	70aba0

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/48 Rpt: 55/58	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/03/2024	Ylana Gonzalez, Kristen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,525.00	8004 Swindon Lane
l		
l		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Staff Pay
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
l	Date	Payee name
l	04/01/2024	Ylana Gonzalez, Kristen
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,700.00	8004 Swindon Lane
l		
l		Austin, TX 78745
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff Pay
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
⊨	D-4-	
l	Date 03/05/2024	Payee name
┡		Ylana Gonzalez, Kristen
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	8004 Swindon Lane
l		
		Austin, TX 78745
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Staff Pay
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political 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: 46/48 Rpt: 56/58	Howard, Donna S. (The Honorable) 00042130
4 Date	5 Payee name
02/09/2024	Ylana Gonzalez, Kristen
( )	7 Payee address; City; State; Zip Code
\$100.00	8004 Swindon Lane
	Austin, TX 78745
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Staff Pay
	Stair Lay
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
D-4-	
Date	Payee name
01/02/2024	Ylana Gonzalez, Kristen
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	8004 Swindon Lane
	Austin, TX 78745
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Staff Pay
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Data	Davis and the second
Date	Payee name  Zach Theatre
03/11/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$50.40	202 S Lamar Blvd
	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food for Capitol Office
	Pood for Capitor Office
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

#### 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	
_	T	
1	Total pages Schedule F1: Sch: 47/48 Rpt: 57/58	2 FILER NAME Howard, Donna S. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00042130
4	Date 06/04/2024	5 Payee name Zoom Video Communications Inc.
6	Amount (\$) \$17.05	7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video Conferencing Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2024	Zoom Video Communications Inc.
	Amount (\$) \$17.05	Payee address; City; State; Zip Code  55 Almaden Blvd.  6th Floor  San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video Conferencing Subscription
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
	Date 04/04/2024	Payee name Zoom Video Communications Inc.
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video Conferencing Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Cabadula 54:	
1	Total pages Schedule F1: Sch: 48/48 Rpt: 58/58	2 FILER NAME Howard, Donna S. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00042130
4	Date 03/04/2024	5 Payee name Zoom Video Communications Inc.
6	Amount (\$) \$17.05	7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Video Conferencing Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2024	Zoom Video Communications Inc.
	Amount (\$) \$17.05	Payee address; City; State; Zip Code  55 Almaden Blvd.  6th Floor  San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video Conferencing Subscription
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
	Date	Payee name
	01/04/2024	Zoom Video Communications Inc.
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video Conferencing Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held