CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commi 00065973		2 Total pages fil	led: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable	Giovanni S.			Date Received	
10.00					ELECTRONICA	ALL V EIL ED
						ALLI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Capriglione				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING	1352 Ten Bar Trail					
ADDRESS					Receipt #	Amount
Change of Address	Southlake, TX 76092					
	Sodiliake, 17 70032				Date Processed	
					Date Imaged	
					<u> </u>	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Elisa B.				
	NICKNAME	LAST		SUFFIX		
		Capriglione				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	ST <i>F</i>	ATE; ZIP CODE
TREASURER ADDRESS	1352 Ten Bar Trail					
ADDRESS						
(Residence or Business)	Southlake, TX 76092					
	Sodiliake, 17 70032					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	XTENSION			
TREASURER PHONE	(214) 500-3302					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		1. out. de les ferre			appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TI	IDOLICII	Month Day	Year	
OOVERED	02/25/2024	IH	ROUGH	06/30/202	<u>'</u> 4	
10 ELECTION	ELECTION DATE	_		ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
						
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 98 Tarrant		State Represent		
			·			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 82

13 C / OH NAME	Capriglione, Giovann	i S. (The Honora	ble)	14 Filer ID 00065973	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expers s may have been made with required to report this inform	out the candidate's or office	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAM	E		
		COMMITTEE CA	MPAIGN TREASURER ADD	RESS		
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					\$	10.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						74,677.45
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						2,659.55
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF TH	IE LAST DAY OF THE	\$	206,333.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		ALL OUTSTANDING LOANS	AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under pe true and correct and include under Title 15, Election Cod	es all information required t		
			The Hono	rable Giovanni S. Capri	glione	
			Signatur	e of Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witnes	s my hand and seal of office.			
Signature of office	er administering	Printed name	e of officer administering	Title of office	r administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER S	3 of 82
l .	ER NAM	ME e, Giovanni S. (The Honorable)	19 Filer ID 00065973	(Ethics Co	ommission Filers)
20 SC	HEDUL	E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	69,082.26
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,595.19
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	205,061.06
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/82
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065973
4	Date 04/30/2024	5 Full name of contributor)	7	Amount of Contribution (\$) \$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)	
	Date 05/10/2024	Full name of contributor [Blake, Gary Contributor address; City; Sta)		Amount of Contribution (\$) \$20,000.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)		Employer (See Instructions) 	
	CEO			Creative Solutions in He		hcare
	Date 03/06/2024	Full name of contributor [Bollinger, Earl Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$) \$25.00
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)		Employer (See Instructions		
	computer an			retired GE	')	
	Date 04/15/2024	Full name of contributor Bratcher, Lee Contributor address; City; Star Richardson, TX 75080	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$) \$1,000.21
	Principal occu Industry Ass	pation / Job title (See Instructions) ociation		Employer (See Instructions Texas Blockchain Coun		
	Date 04/30/2024	Full name of contributor Bratcher, Lee Contributor address; City; Star Richardson, TX 75080	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$) \$500.00
	Principal occu Industry Ass	pation / Job title (See Instructions)		Employer (See Instructions Texas Blockchain Coun		
	muustiy Ass	JOHAN (1)		Texas Dioenchain Court	OII	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 04/30/2024	 Full name of contributor out-of-state PAC (ID#:_Brentwood Public Affairs Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ CNA Citizens for Good Government Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Carriage House Partners LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Casselberry, Craig Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu Government	pation / Job title (See Instructions) Relations	Employer (See Instructions Self)		
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_ Colyandro, John Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$500.00
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Colyandro Public Affairs			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/82	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Capriglione,	Giovanni S. (The Honorable)				00065973	
4	Date 03/22/2024	5 Full name of contributorCoon, Andrew6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,500.00
		Palisades, NY 10964					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	CEO			CFG Merchant Solution	S		
	Date 03/15/2024	Full name of contributor Craftpac Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78766					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	04/17/2024	Dennison, Michael					\$21.21
		Contributor address; City; Sta	ate; Zip Code				
		Canyon Lake, TX 78133	1				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director			Redeux Energy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/25/2024	EYE-PAC OF THE TEXAS Contributor address; City; Sta		L ASSOCIATION			\$600.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2024	Friends of Baylor Med					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
	Dringing!	Houston, TX 77010		Employer (Cas Instruct)	<u></u>		
	Pппсіраї осси	pation / Job title (See Instructions)		Employer (See Instructions	s) 		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 03/15/2024	5 Full name of contributorFriends of the University I6 Contributor address; City; St			7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78763	, 1	2.5.1.70.1.1.1	Ĺ		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 05/10/2024	Full name of contributor Fusilier, Zachary Contributor address; City; Si			-	Amount of Contribution (\$)	\$5,000.00
	5	Keller, TX 76262	` I		Ĺ		
	VP	pation / Job title (See Instructions	5)	Employer (See Instructions North Texas Contracting			
	Date 03/25/2024	Full name of contributor Gary Gates for Texas Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
		Rosenberg, TX 77471					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Date 05/10/2024	Full name of contributor HOSPAC Contributor address; City; St)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 04/17/2024	Full name of contributor Haby III, Hayden Griffin Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.21
	Principal occu OG - Bitcoin	pation / Job title (See Instructions Miner	(s)	Employer (See Instructions Mountain Lion	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fe	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 04/30/2024	5 Full name of contributor Houston Police Retired Of6 Contributor address; City; St			7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77219					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/12/2024	Humane Society Legislati Contributor address; City; St	ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington DC, DC 2003 pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	Date 05/10/2024	Full name of contributor Johnson, Karen Contributor address; City; St North Richland Hills, TX 7	·)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>. </u>		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.21	
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date 03/15/2024	Full name of contributor Leach, Terry Contributor address; City; St Colleyville, TX 76034				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	NS .		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 04/17/2024	5 Full name of contributor Mcavity, James6 Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing aggr	Greenwhich, CT 06830	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u></u>		
8	Cormint	pation / Job title (See Instructions	9	Employer (See Instructions CEO	s)		
	Date 03/15/2024	Full name of contributor Mcelvaney Public Affairs Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78763 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 05/10/2024	Full name of contributor Mckenzie, Mark Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
		Fort Worth, TX 76132			<u></u>		
	CEO	pation / Job title (See Instructions)	Employer (See Instructions Focused Post Acute Ca	•		
	Date 04/30/2024	Full name of contributor POLITICAL ACTION COM Contributor address; City; St. Austin, TX 78768				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/17/2024	Full name of contributor Pinney, Ivan Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.21
	Principal occup	pation / Job title (See Instructions velopment)	Employer (See Instructions Barrio Energy	5)		
		<u> </u>	I	<u> </u>			

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 04/19/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$25.21
_	Deignigal	Dallas, TX 75240	lo.	Franks on (Cook batturations			
8	Investor	pation / Job title (See Instructions)	9	Employer (See Instructions Commonwealth Compa		S	
	Date 03/15/2024	Full name of contributor X out-of-state PAGE ROCK HOLDINGS INC. PAC Contributor address; City; State; Zip Code	C (ID#: <u>C00</u>)388827)		Amount of Contribution (\$)	\$1,500.00
	Dringing! goog	Lansing, MI 48933 pation / Job title (See Instructions)		Employer (See Instructions			
	Principal occu	oauon / Job uue (See Insudctions)		Employer (See Instructions)		
	Date 03/06/2024	Full name of contributor out-of-state PAG Reynolds III, Ernest (Skip) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
		Colleyville, TX 76034					
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 03/09/2024	Full name of contributor out-of-state PAG Stahl, Susan Contributor address; City; State; Zip Code Grapevine, TX 76051)		Amount of Contribution (\$)	\$50.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 05/10/2024	Full name of contributor out-of-state PAG Strubbe, Lorette Contributor address; City; State; Zip Code Midlothian, TX 76065)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Focused Post Acute Ca		Partners	
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/82
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00065973
4	Date 03/15/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00
		Dallas, TX 75254			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date 03/05/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$250.00
	Principal occu	Hurst, TX 76054 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Financial Ad	visor	Prospera Financial Serv	vice	S
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Finance Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,000.00
		Kerrville, TX 78028			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Oil and Gas Association Good Governme Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 04/30/2024	5 Full name of contributor Texas Trial Lawyers Asso6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701	. 1				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 03/15/2024	Full name of contributor The Real Estate Council F Contributor address; City; St		_		Amount of Contribution (\$)	\$500.00
	Principal occur	Dallas, TX 75201 pation / Job title (See Instructions		Employer (See Instructions	<u>s)</u>		
	i illoipai oooa	panon, cos uno (coe mondonone	,	Employer (eee meadeans	-,		
	Date 03/15/2024	Full name of contributor Truitt, Deborah Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Keller, TX 76248					
	Principal occu RETIRED	pation / Job title (See Instructions	;) 	Employer (See Instructions RETIRED	5)		
	Date 02/26/2024	Full name of contributor Unrau, James (Jim) Contributor address; City; St				Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions Consultant/Retired	5)	Employer (See Instructions Social Security USA/Ac	-	m Energy Services	
	Date 02/27/2024	Full name of contributor Weatherall, Paul Contributor address; City; St Dallas, TX 75230	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions UT Southwestern Medic		Center	
	, :						

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/82	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/15/2024	 Full name of contributor out-of-state PAC (ID#: Zachry Corporation Political Action Committee Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$500.	
		San Antonio, TX 78265		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/82
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Giovanni S. (The Honorable)		00065973
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
03/13/2024	pargaragaragara	nd 	\$42.54 Digital Advertising
	7 Contributor address; City; State; Zip Code		
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
03/10/2024	Greg Abbott Campaign Contributor address; City; State; Zip Code		\$177.56 Travel
	Contributor address, City, State, 219 Code		l i
			l i
	Austin, TX 78767	i	Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution
03/12/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign)	contribution (\$) description
	Contributor address; City; State; Zip Code		\$410.99 Travel
	, 2, , ,		
			_ ;
Deigning	Austin, TX 78767	Empleyer (FOR NO	Check if travel outside of Texas. Complete Schedule T.
Рппсіраї оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
0 / "			(1) (200 200 200 200 200 200 200 200 200 20
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 15/82 3 Filer ID (Ethics Commission Filers) FILER NAME Capriglione, Giovanni S. (The Honorable) 00065973 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 03/12/2024 Greg Abbott Campaign \$3,588.17 i Texting 7 Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 06/10/2024 Greg Abbott Campaign \$1,375.93 | Texting Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Co Credit Card Payment		es/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/66 Rpt: 16/82	Capriglione, Giovanni S. (The Honorable)	00065973
4 Date 5	Payee name	
03/01/2024	7-11	
6 Amount (\$) 7 \$44.20	Payee address; City; State; Zip 3011 STATE HWY 121 Euless, TX 76092	Code
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 Campaign Volunteer Soda/Water
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought Office held
Date	Payee name	
02/27/2024	7-11	
Amount (\$) \$36.76	Payee address; City; State; Zip 3011 STATE HWY 121	Code
	Euless, TX 76092	
PURPOSE (a) OF EXPENDITURE	O 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 Campaign Volunteer Soda/Water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought Office held
Date	Payee name	
05/26/2024	Ace Rent A Car	
Amount (\$) \$216.30	Payee address; City; State; Zip 3312 Valley View Ln	Code
	Irving, TX 75062	
PURPOSE OF EXPENDITURE	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 C/OH Travel Rental - Out of District
Complete ONLY if direct expenditure to benefit C/OH	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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

	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:		rs)
	Sch: 2/66 Rpt: 17/82	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	04/01/2024	Aldredge, Katy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11,560.00	4330 Bull Creek Road	
		Austin, TX 78732	
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	
		Campaign Wages Payment	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH	
	Date	Payee name	
	06/17/2024	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$821.83	4333 Amon Carter Boulevard	
		Fort Worth, TX 76155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		C/OH Travel: DFW-DC-Miami	
_	Complete ONLY if alice -t	Condidate/Officeholder name Office southt	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
_		ı	
	Date	Payee name	
	06/06/2024	Austin Proper Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$236.03	600 West 2nd Street	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	Za Enditone	Check if Austin, TX, officeholder living expense	
		C/OH Lodging - Austin	ı
	Complete ONLY if direct	Condidate/Officeholder name Office southt	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
			ı

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi	Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to		,
1 Total pages Schedule F1: Sch: 3/66 Rpt: 18/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable)	:	3 Filer ID (Ethics Commission Filers) 00065973
4 Date 05/19/2024	5 Payee name Avis	I	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$452.25	2424 E 38th St		
	Dallas, TX 75261		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Rental - Out of District
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	sought	Office held
Date	Payee name		
04/17/2024	Barnes & Noble		
Amount (\$)	Payee address; City; State; Zip	Code	
\$6.71	1430 Plaza Pl		
	Southlake, TX 76092		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office H	sought	Office held
Date	Payee name		
03/02/2024	BatchGeo LLC		
Amount (\$) \$99.00	Payee address; City; State; Zip 113 Cherry St #15478 Seattle, WA 98104	Code	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utcide of Toyac Complete Schodule T
EXPENDITURE	Software	_ _	utside of Texas. Complete Schedule T. TX, officeholder living expense VAI'C
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office H	sought	Office held

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 Cor	nmittee L	ift/Awards/Memorials E egal Services	Expense		pense ages/	Contract Labor		Travel III District Travel Out of Dis OTHER (enter a		above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 4/66 Rpt: 19/82			Giovanni S. (Th	ne Honorab	le)				00065973		
4	Date 04/02/2024	5	Payee name BatchGeo LL	.C								
6	Amount (\$) \$99.00	7	Payee address 113 Cherry S #15478 Seattle, WA 9	St	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Software	Categories listed at th	e top of this sche	edule)		=	, TX,	officeholder living	nplete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder name	0	Office sou	ght			Office he	eld	
	Date 05/02/2024		Payee name BatchGeo LL	 .C								
	Amount (\$) \$99.00		Payee address 113 Cherry S #15478 Seattle, WA 9	St	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Software	Categories listed at th	e top of this sche	edule)			, TX,	officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Office	eholder name	0	Office sou	ght			Office he	eld	
	Date 06/02/2024		Payee name BatchGeo LL	.C								
	Amount (\$) \$99.00		Payee address 113 Cherry S #15478 Seattle, WA 9	St	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Software	Categories listed at th	e top of this sche	edule)		—	, TX,	officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	eholder name	0	Office sou	ght			Office he	eld	
-	rms provided by Tayas F	thi-	o Comminsia		MAN Athics S	toto tv ···	-				Varsion VA 1	0 d278aha0

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/66 Rpt: 20/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/01/2024	Boots, Aimee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$812.00	312 Equine Lane
		Celina, TX 75009
8	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 Campaign Work
		Campaigh Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/03/2024	Boots, Aimee
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	312 Equine Lane
	Ψ200.00	312 Equine Lane
		Coling TV 75000
	DUDD005	Celina, TX 75009
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/08/2024	Boots, Aimee
	Amount (\$)	Payee address; City; State; Zip Code
	\$680.00	312 Equine Lane
		Celina, TX 75009
	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 Campaign Work
		Campaign work
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		
l		

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/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: 6/66 Rpt: 21/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/18/2024	Boots, Aimee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$780.00	312 Equine Lane
		Celina, TX 75009
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
		Campaign Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	03/07/2024	Boots, Aimee
	Amount (\$)	Payee address; City; State; Zip Code
	\$431.00	312 Equine Lane
		Celina, TX 75009
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	05/06/2024	Boots, Aimee
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	312 Equine Lane
		Celina, TX 75009
	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 Campaign Work
		Campaigh Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
L	Sch: 7/66 Rpt: 22/82	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	03/14/2024	Boots, Aimee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$660.00	312 Equine Lane	
		Celina, TX 75009	
Ļ			_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Campaign Work	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
\vdash	Data	Γ	_
	Date	Payee name	
	04/19/2024	Braum's Ice Cream & Burger Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.36	1221 Keller Pkwy	
		Keller, TX 76248	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Constituent Coffee	
			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	06/11/2024	Budget	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.31	617 E Dallas Rd	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		C/OH Travel Rental - Out of District - Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
			ļ

SCHEDULE F1

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

Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P Legal Services S

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

	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: Sch: 8/66 Rpt: 23/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_
4	Date	5 Payee name	
	06/05/2024	Budget	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$258.99	617 E Dallas Rd	
		Cranavina TV 700F1	
		Grapevine, TX 76051	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		C/OH Travel Rental - Out of District - Austin	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialture to benefit C/Oi	n	
	Date	Payee name	
	06/03/2024	Budget	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$220.05	617 E Dallas Rd	
	φ220.03	017 E Dalias Ru	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		C/OH Travel Rental - Out of District - Austin/San	
		Antonio	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	=
	03/09/2024	Budget	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	` '		
	\$940.92	617 E Dallas Rd	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense	
		In District - Rental for Campaign Related Travel	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica		Legal Services	Salaries/V		e /Contract Labor		OTHER (enter a	strict i category not listed ab	ove)
	Credit Card Payment		The Instruction Guide expla	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 9/66 Rpt: 24/82	Capriglione	, Giovanni S. (The Hond	orable)				00065973		
4	Date	5 Payee name								
	04/17/2024	Bullock Tex	as State History Museu	m						
6	Amount (\$)	7 Payee addre	ss; City; St	tate; Zip Co	de					
	\$258.17	1800 North	Congress Ave							
		Austin, TX	78701							
8	PURPOSE	(a) Category (So	ee Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		/Memorials Expense			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE					_		officeholder living		
						Gifts for Silen	IT A	uction Dona	ations	
_	2			- "						
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ght			Office h	eld	
	·									
	Date	Payee name								
	04/18/2024	Bushi Bush	İ							
	Amount (\$)	Payee addre	•	tate; Zip Co	de					
	\$95.94	4930 Belt L	ine							
		Suite 100								
		Dallas, TX	75254							
	PURPOSE	(a) Category (S	ee Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bever	age Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						Constituent L			g expense	
						CONCLEGONE E		011		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office h	eld	
	expenditure to benefit C/O	4			•					
	Date	Payee name								
	03/01/2024	CHICK-FIL-	-A							
	Amount (\$)	Payee addre	ss; City; Si	tate; Zip Co	de					
	\$347.88	_	in Luther King Jr Blvd	, <u>-</u> p						
			,							
		Austin, TX	78701							
	PURPOSE				(h)	Description				
	OF	Event Expe	ee Categories listed at the top of thi	s schedule)	(5)	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Evoll Expo				Check if Austin,	, TX	officeholder living	g expense	
						SKIL Lunch in	n A	ustin		
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ght			Office h	eld	
	experiorale to belief C/Of	İ								

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/V	xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 10/66 Rpt: 25/82	Capriglione	e, Giovanni S. (The Ho	onorable)				00065973	
4	Date	5 Payee name							
L	04/29/2024	CHICK-FIL	-A						
6	Amount (\$)	7 Payee addre		State; Zip Co	ode				
	\$269.52	503 W Mar	tin Luther King Jr Blvo	t					
		Austin, TX	78701 						
8	PURPOSE OF		see Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			=		officeholder living	plete Schedule T. g expense
						Lunch for Al S			
9	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld
L	expenditure to benefit C/O	H							
	Date	Payee name							
	05/15/2024	CHICK-FIL	-A						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$50.11	503 W Mar	tin Luther King Jr Blvo	t					
		Austin, TX	78701						
	PURPOSE	(a) Category (S	see Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com officeholder living	plete Schedule T.
						Staff Lunch	, , ,	omeenoidei iiviiiliį	y experise
						-			
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OH	4							
	Date	Payee name							
	03/04/2024	Campaign	Monitor						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$106.60	11 Lea Ave	•						
		Nashville, ⁻	ΓN 37210						
	PURPOSE	(a) Category (s	iee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising				ш			plete Schedule T.
	-					Email Market		officeholder living	g expense
						a Market	y		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld
	expenditure to benefit C/O				J -				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/66 Rpt: 26/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
L	03/06/2024	Campaign Monitor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.14	11 Lea Ave
L		Nashville, TN 37210
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	04/07/2024	Campaign Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$212.14	11 Lea Ave
		Nashville, TN 37210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	03/10/2024	Campaign Sidekick, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1515 W STATE HWY 114
		Cheyenne, WY 82001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Canvassing Software
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatalana na C. L. L. T.	· · · · · · · · · · · · · · · · · · ·	F:l\
1	Total pages Schedule F1: Sch: 12/66 Rpt: 27/82		⊢ııers)
4	Date	5 Payee name	
	02/26/2024	Canva	
6	Amount (\$) \$14.99	7 Payee address; City; State; Zip Code 118 King St	
	Ψ14.33		
_		San Francisco, CA 94107	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Craphics for Opline Ade	
		Graphics for Online Ads	
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	03/23/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.99	118 King St	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Graphics for Online Ads	
_	Occupated ONE VIII VIII		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/23/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.99	118 King St	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Graphics for Online Ads	
		Graphics for Offline Aus	
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense Printi Salai		se //Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
-	Sch: 13/66 Rpt: 28/82		e, Giovanni S. (The	Honorable)			ľ	00065973	(20.000 0000.0 1.0.0)
4	Date	5 Payee name					_		
	05/23/2024	Canva							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
•	\$14.99	118 King S		Otato, E.p	0040				
	Ψ14.33	110 King C	,,						
		San Franc	sco, CA 94107						
8	PURPOSE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising		,			outs	de of Texas. Com	nplete Schedule T.
	EXPENDITURE					_		officeholder living	g expense
						Graphics for	On	line Ads	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
	Date	Payee name	9						
	06/23/2024	Canva							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$14.99	-		State, Zip	Couc				
	Φ14.99	118 King S	OL						
		San Franc	sco, CA 94107						
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising				=			nplete Schedule T.
	EXI ENDITORE					ш		officeholder living	g expense
						Graphics for	On	line Ads	
	Complete ONLY if direct		ficeholder name	Office	sought			Office h	eld
	expenditure to benefit C/O	1							
	Date	Payee name							
	06/23/2024	Canva							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$14.99	118 King S		Otate, Zip	Couc				
	Ψ14.33	TIO King C							
		San Franc	sco, CA 94107						
	PURPOSE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	j Expense			ш			nplete Schedule T.
	EXI ENDITORE					_		officeholder living	g expense
						Graphics for	Οn	iine Aas	
	Complete ONLY if direct		ficeholder name	Office	sought			Office h	eld
	expenditure to benefit C/O	7							

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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/66 Rpt: 29/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/14/2024	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.11	1400 N. Congress Avenue
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pins / Scarf for Gifts
		Tills / Scartor Gills
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a sana
	Date	Payee name
	04/10/2024	Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.06	1400 Congress Ave
		Austin, TX 78701
	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 Office Lunch
		Office Euricii
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/22/2024	Cava
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.70	515 Congress Ave
		Austin, TX 78745
	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 Staff Lunch
		Stan Euron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/66 Rpt: 30/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/23/2024	5 Payee name Central Market
6	Amount (\$) \$98.74	7 Payee address; City; State; Zip Code 1425 E Southlake Blvd
		Southlake, TX 76092
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/03/2024	Payee name Chef Point
	Amount (\$) \$100.65	Payee address; City; State; Zip Code 5220 State Highway 121
		Colleyville, TX 76034
	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 Campaign Volunteer Meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/28/2024	Payee name Chick-Fil -A
	Amount (\$) \$19.19	Payee address; City; State; Zip Code 3040 W Mockingbird Lane
		Dallas, TX 75235
	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 - Campaign
	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 N 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	
<u>_</u>	Tatal name C	
1	Total pages Schedule F1:	
L	Sch: 16/66 Rpt: 31/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/02/2024	Chick-Fil-A Southlake
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$18.39	2301 E Southlake Blvd
	φ10.39	2301 E Soutiliake bivu
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Dayon nama
	03/05/2024	Payee name Chick-Fil-A Southlake
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.48	2301 E Southlake Blvd
		Southlake, TX 76092
	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
		Campaign Volunteer Meal
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	5 .	
	Date	Payee name
L	04/01/2024	Colleyville Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	5601 Colleyville Blvd
		Colleyville, TX 76034
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Luncheon
		Landidon
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/66 Rpt: 32/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/14/2024	5 Payee name Colleyville Chamber of Commerce
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 5601 Colleyville Blvd Colleyville, TX 76034
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/24/2024	Payee name Colleyville Chamber of Commerce
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 5601 Colleyville Blvd Colleyville, TX 76034
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Luncheon
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/26/2024	Payee name Datum Tech, Inc.
	Amount (\$) \$18,554.86	Payee address; City; State; Zip Code 12400 W Hwy 71 Ste 350-358
		Bee Cave, TX 78738
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Outreach Campaign
	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 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

	Constilling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/66 Rpt: 33/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/06/2024	Delta Hotels Dallas Southlake
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$791.00	251 East State Hwy 114
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging - Campaign Staff
		Loughig - Campaigh Stail
_	Operation ONLY if allowed	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2024	Doubletree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.68	303 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		C/OH Lodging - Austin
	Commission ONLY if disposit	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	Doubletree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.39	303 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense C/OH Lodging - Austin
		C/OTT Loughing - Austiti
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

d Donations Made By d'Officeholder/Political Payment		Legal Services The Instruction Guide			cte this form.	OTHER (ente	District r a category not listed above)
Schedule F1:	2 FILER NAME					3 Filer ID	(Ethics Commission Filers)
6 Rpt: 34/82	Capriglione,	Giovanni S. (The	Honorable)			00065973	3
	5 Payee name						
4	Doubletree S	Suites					
	7 Payee addres	ss; City;	State; Zip	Code			
\$235.63	303 W 15th	St					
	Austin, TX 7	'8701					
SE	(a) Category (Se	e Categories listed at the t	op of this schedule)	(b)	Description		
TORE					—		ring expense
					C/OH Loagii	ng - Austin	
<u>ONLY</u> if direct to benefit C/OH		ceholder name	Office	sought		Office	held
	Pavee name						
4	•	Suites					
	Payee addres		State: 7in	Codo			
	rayee addies	is, City,	State, Zip	Coue			
I	202 W 1Eth	C+					
\$255.28	303 W 15th	St					
I							
I	303 W 15th Austin, TX 7		·				
\$255.28	Austin, TX 7	'8701	op of this schedule)	(b)	Description		
\$255.28 PSE	Austin, TX 7	78701 see Categories listed at the to	op of this schedule)	(b)	Check if trave	el outside of Texas. Co	
\$255.28	Austin, TX 7	78701 see Categories listed at the to	op of this schedule)	(b)	Check if trave	in, TX, officeholder liv	
\$255.28 PSE	Austin, TX 7	78701 see Categories listed at the to	op of this schedule)	(b)	Check if trave	in, TX, officeholder liv	
\$255.28 PSE TURE	Austin, TX 7 (a) Category (Se	78701 se Categories listed at the to of District			Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 DSE TURE DNLY if direct	Austin, TX 7 (a) Category (Se Travel Out of	78701 se Categories listed at the to of District		(b)	Check if trave	in, TX, officeholder liv	ing expense
\$255.28 PSE TURE	Austin, TX 7 (a) Category (Se Travel Out of	78701 se Categories listed at the to of District			Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 DSE TURE DNLY if direct	Austin, TX 7 (a) Category (Se Travel Out of	78701 se Categories listed at the to of District			Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 DSE TURE DNLY if direct	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office	28701 The Categories listed at the top of District Ceholder name			Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 PSE TURE DNLY if direct e to benefit C/OH	Austin, TX 7 (a) Category (See Travel Out of Candidate/Office Payee name Doubletree S	78701 see Categories listed at the tool of District ceholder name Suites	Office	sought	Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 DSE TURE DNLY if direct e to benefit C/OH	Austin, TX 7 (a) Category (See Travel Out of Candidate/Office Payee name Doubletree See Payee address	78701 se Categories listed at the to f District ceholder name Suites ss; City;		sought	Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 PSE TURE DNLY if direct e to benefit C/OH	Austin, TX 7 (a) Category (See Travel Out of Candidate/Office Payee name Doubletree S	78701 se Categories listed at the to f District ceholder name Suites ss; City;	Office	sought	Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 DSE TURE DNLY if direct e to benefit C/OH	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Payee name Doubletree Service August 15th	re Categories listed at the to of District ceholder name Suites ss; City; St	Office	sought	Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 DSE TURE DNLY if direct e to benefit C/OH	Austin, TX 7 (a) Category (See Travel Out of Candidate/Office Payee name Doubletree See Payee address	re Categories listed at the to of District ceholder name Suites ss; City; St	Office	Sought	Check if trave	in, TX, officeholder liv ng - Austin	ing expense
\$255.28 PSE TURE DNLY if direct to benefit C/OH 4 \$198.90	Austin, TX 7 (a) Category (Second Control Condidate/Office) Payee name Doubletree Second Condidate Second	re Categories listed at the to of District ceholder name Suites ss; City; St	Office State; Zip	Sought	Check if trave	in, TX, officeholder liv ng - Austin Office	held
\$255.28 PSE TURE DNLY if direct to benefit C/OH 4 \$198.90	Austin, TX 7 (a) Category (Second Control Condidate/Office) Payee name Doubletree Second Condidate Second	28701 De Categories listed at the to of District Ceholder name Suites SS; City; St 28701 De Categories listed at the to to the control of the control	Office State; Zip	Sought	Check if trave Check if Austi C/OH Lodgin	in, TX, officeholder liv ng - Austin Office	held bmplete Schedule T.
\$255.28 PSE TURE DNLY if direct to benefit C/OH 4 \$198.90	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 2015) Payee name Doubletree Section 2015 W 15th Austin, TX 7 (a) Category (Section 2015)	28701 De Categories listed at the to of District Ceholder name Suites SS; City; St 28701 De Categories listed at the to to the control of the control	Office State; Zip	Sought	Check if trave C/OH Lodgin Description Check if trave Check if trave Check if trave	in, TX, officeholder liv ng - Austin Office	held bmplete Schedule T.
\$255.28 PSE TURE DNLY if direct to benefit C/OH 4 \$198.90	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 2015) Payee name Doubletree Section 2015 W 15th Austin, TX 7 (a) Category (Section 2015)	28701 De Categories listed at the to of District Ceholder name Suites SS; City; St 28701 De Categories listed at the to to the control of the control	Office State; Zip	Sought	Check if trave Check if Austi C/OH Lodgin	in, TX, officeholder liv ng - Austin Office	held bmplete Schedule T.
\$255.28 PSE TURE DNLY if direct to benefit C/OH 4 \$198.90 PSE TURE	Austin, TX 7 (a) Category (Second Candidate/Office) Payee name Doubletree Second Candidate/Office) Payee address 303 W 15th Austin, TX 7 (a) Category (Second Category (Second Category Cat	re Categories listed at the tool District ceholder name Suites ss; City; St re701 ce Categories listed at the tool District	Office State; Zip	Sought Code	Check if trave C/OH Lodgin Description Check if trave Check if trave Check if trave	in, TX, officeholder living - Austin Office el outside of Texas. Coin, TX, officeholder living - Austin	held bomplete Schedule T. ing expense
\$255.28 DISE TURE DNLY if direct to benefit C/OH 4 \$198.90 DSE TURE	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 1) Payee name Doubletree Section 203 W 15th Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 2)	re Categories listed at the tool District ceholder name Suites ss; City; St re701 ce Categories listed at the tool District	Office State; Zip	Sought	Check if trave C/OH Lodgin Description Check if trave Check if trave Check if trave	in, TX, officeholder liv ng - Austin Office	held bomplete Schedule T. ing expense
\$255.28 PSE TURE DNLY if direct to benefit C/OH 4 \$198.90 PSE TURE	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 1) Payee name Doubletree Section 203 W 15th Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 2)	re Categories listed at the tool District ceholder name Suites ss; City; St re701 ce Categories listed at the tool District	Office State; Zip	Sought Code	Check if trave C/OH Lodgin Description Check if trave Check if trave Check if trave	in, TX, officeholder living - Austin Office el outside of Texas. Coin, TX, officeholder living - Austin	held bomplete Schedule T. ing expense
\$255.28 DISE TURE DNLY if direct to benefit C/OH 4 \$198.90 DSE TURE	Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 1) Payee name Doubletree Section 203 W 15th Austin, TX 7 (a) Category (Se Travel Out of Candidate/Office Section 2)	re Categories listed at the tool District ceholder name Suites ss; City; St re701 ce Categories listed at the tool District	Office State; Zip	Sought Code	Check if trave C/OH Lodgin Description Check if trave Check if trave Check if trave	in, TX, officeholder living - Austin Office el outside of Texas. Coin, TX, officeholder living - Austin	held bomplete Schedule T. ing expense
	Schedule F1: 5 Rpt: 34/82 4 \$235.63 SE TURE NLY if direct to benefit C/OF	Schedule F1: 2 FILER NAME Capriglione, Fayee name Doubletree S 7 Payee addres 303 W 15th Austin, TX 7 SE TURE (a) Category (Se Travel Out of Payee name Doubletree S Candidate/Office Payee name Doubletree S	Schedule F1: 2 FILER NAME Capriglione, Giovanni S. (The Doubletree Suites) 7 Payee address; City; 303 W 15th St Austin, TX 78701 SE TURE (a) Category (See Categories listed at the tart of Doubletree) Candidate/Officeholder name Payee name Doubletree Suites	The Instruction Guide explains how to Schedule F1: Schedule F1: Capriglione, Giovanni S. (The Honorable) Fayee name Doubletree Suites Payee address; City; State; Zip 303 W 15th St Austin, TX 78701 SE Austin, TX 78701 SE TURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Payee name Doubletree Suites Payee name Doubletree Suites	Schedule F1: 2 FILER NAME Capriglione, Giovanni S. (The Honorable) 5 Payee name Doubletree Suites 7 Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701 SE (a) Category (See Categories listed at the top of this schedule) Travel Out of District NLY if direct to benefit C/OH Payee name Doubletree Suites	The Instruction Guide explains how to complete this form. Schedule F1: 2 FILER NAME Capriglione, Giovanni S. (The Honorable) 5 Payee name Doubletree Suites 7 Payee address; City; State; Zip Code \$235.63 303 W 15th St Austin, TX 78701 SE TURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Check if rave Check if Aust C/OH Lodgi Payee name Doubletree Suites	The Instruction Guide explains how to complete this form. Schedule F1: 2 FILER NAME Capriglione, Giovanni S. (The Honorable) 00065973 5 Payee name Doubletree Suites 7 Payee address; City; State; Zip Code \$235.63 303 W 15th St Austin, TX 78701 SE (a) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Crity: City Check if Austin, TX, officeholder live City Check if Austin, TX, officeholder live City Check if Check if Code in Cod

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/66 Rpt: 35/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
L	03/04/2024	Einstein Bros Bagels
6	Amount (\$) \$22.56	7 Payee address; City; State; Zip Code 751 Keller Parkway
		Keller, TX 76248
8	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 Campaign Volunteer Meal
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2024	Einstein Bros Bagels
	Amount (\$) \$26.28	Payee address; City; State; Zip Code 2404 Guadalupe St
		Austin, TX 78705
	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 Coffee for Al Advisory Council Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2024	Einstein Bros Bagels
	Amount (\$) \$97.88	Payee address; City; State; Zip Code 2404 Guadalupe St
		Austin, TX 78705
	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 Coffee for Al Select Committee Hearing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cobadula F1:	
1	Total pages Schedule F1: Sch: 21/66 Rpt: 36/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date	5 Payee name
	03/01/2024	Enchiladas Ole
	03/01/2024	
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.88	9005 N Tarrant Pkwy
		North Richland Hills, TX 76182
Ļ	DUDD005	
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
		Campaign Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7
	Date	Payee name
	05/02/2024	Enterprise Rent-A-Car
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$379.29	1800 S Main St
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		C/OH Travel Rental - Out of District - Austin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	04/19/2024	Etsy
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.28	117 Adams St
		Brooklyn NV 11201
		Brooklyn, NY 11201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
	_/\\ _!\\\	Check if Austin, TX, officeholder living expense
		Keller Chamber of Commerce Gift
	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		Gift/Awards/Memorials Expens Legal Services The Instruction Guide expenses the control of the c	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 ELLED NAM			•		3	Filer ID	(Ethics Commission Filers)
ľ	Sch: 22/66 Rpt: 37/82	1	= e, Giovanni S. (The H	onorable)			۱³ ا	00065973	(Ethics Commission Filers)
╙	· .	· -					<u> </u>		
4	Date	5 Payee name	!						
	06/17/2024	FNG Eats							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$97.85	201 Town (Center Ln						
		#1101							
			76240						
L		Keller, TX	0240						
8	PURPOSE OF		see Categories listed at the top of	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com	
						_		officeholder living	expense
						Campaign Me	eai		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld
	expenditure to benefit C/O	П							
Г	Date	Payee name							
	02/29/2024	Fastsigns							
H	Amount (\$)	Payee addre	ess; City;	State: Zip Co	ode				
	\$289.03	2300 Dean		, ,					
	Ψ200.00		way						
		Suite 120							
		Southlake,	TX 76092						
	PURPOSE	(a) Category (s	see Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense			=		de of Texas. Com	
						ш		officeholder living	expense
						Political Signs	S		
L		<u> </u>			<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld
L	expenditure to benefit 6/61								
	Date	Payee name	:						
	03/22/2024	Faust Brew	ing Company						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$47.13	499 S Cast							
		Now Brown	fals TV 70120						
$ldsymbol{ldsymbol{ldsymbol{eta}}}$			fels, TX 78130						
ĺ	PURPOSE OF	· ·	see Categories listed at the top o	of this schedule)	(b)	Description		d4.T-: 0	whete Cabadula T
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living	
						Food - C/OH			rexpense
						1 300 - 0/011		C. IL	
\vdash	Complete ONII V if allows i	Consalial - t - 10 ff	iooboldor name	O#:	10 b t			O#:!	ald.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ignt			Office he	eiu
L	portantare to borront 0/01								

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Select Expense Select Merce (Contract Lobor Contract Lobor Expense Printing

	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: 23/66 Rpt: 38/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/28/2024	Food Basket
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.98	550 Bowlen Dr
		Beaumont, TX 77706
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 / Drink - Travel
		1 SSG / DINNE TRAVEL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/01/2024	French Legation
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	802 San Marcos St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SKIL Students Visit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_	Data	
	Date 03/25/2024	Payee name GRAPEVINE CHAMBER OF COMMERCE
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 200 Vine Street
	φ30.00	200 Ville Street
		Cronquina TV 76051
		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitie to belieff C/Of	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/66 Rpt: 39/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/13/2024	GRAPEVINE CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	200 Vine Street
		Grapevine, TX 76051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Para a sana
	Date	Payee name
	06/17/2024	GRAPEVINE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	200 Vine Street
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Luncheon
		Membership Euricheon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 06/11/2024	Payee name Caylord Toyon Posort
		Gaylord Texan Resort
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.82	1501 Gaylord Trail
		Grapevine, TX 76051
	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 Parking for Event
		Faiking for Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
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: 25/66 Rpt: 40/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/05/2024	Google.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,206.64	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Ads
		Google / lus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/01/2024	Google
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Suite
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/01/2024	Google
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$13.27	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Google Suite
		Google Suite
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Solicitation/Fundraising Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/66 Rpt: 41/82 Capriglione, Giovanni S. (The Honorable) 00065973 4 Date Payee name 03/09/2024 Grammarly 6 Amount (\$) Payee address; State; Zip Code \$153.50 548 Market Street San Francisco, CA 94104 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 Writing Assistant Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2024 H-E-B Texas Grocery Amount (\$) Payee address; City; State; Zip Code \$20.82 701 S. Capital of Texas Hwy West Lake Hills, TX 78746 **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 Beverages for AI Committee Hearing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/21/2024 Harry & David Amount (\$) Payee address; City: State; Zip Code \$148.26 2500 S. Pacific Hwy. Medford, OR 97501 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Gift 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 Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 27/66 Rpt: 42/82		, Giovanni S. (The	Honorable)				00065973		
4	Date	5 Payee name								
	03/21/2024	Headliners	Club							
6	Amount (\$) \$138.25	7 Payee addre 221 W. Six Austin, TX	th St	State; Zip Co	ode					
8	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			_	, TX,	de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	03/09/2024	Hilton Ame	ricas - Houston							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,728.49	1600 Lama	r St							
		Hilton, TX			1					
	PURPOSE OF		ee Categories listed at the t	op of this schedule)	(b)	Description	oto:	de of Toyon Com	plata Cabadula T	
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living		
						_			ston Partnership Eve	ent
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	06/04/2024	Hilton Aust	in							
	Amount (\$) \$345.94	Payee addre 500 East 4		State; Zip Co	ode					
		Austin, TX	78701							
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
						C/OH Lodging		officeholder living	expense	
						S/OTT LOUGHT	ອ ¯	,		
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ight			Office he	eld	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 28/66 Rpt: 43/82	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	04/14/2024	Hilton Garden Inn Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$211.64	7610 John Glenn Way	
		Austin, TX 78741	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense C/OH Lodging - Austin	
		O/OTT Eduging - Audum	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	
	03/22/2024	Hilton Garden Inn Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$209.38	7610 John Glenn Way	
		Austin, TX 78741	
	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		C/OH Lodging - Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Dete	Г	
	Date 05/11/2024	Payee name Hilton Garden Inn	
	Amount (\$) \$187.53	Payee address; City; State; Zip Code 3755 Ih-10 South	
	δς.181¢	3700 III-10 OUUII	
		Beaumont, TX 77705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Lodging - Beaumont	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how t	o comp	elete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/66 Rpt: 44/82	Capriglione, Giovanni S. (The Honorable)		00065973
4	Date	Payee name		
	05/20/2024	Hilton Garden Inn		
6	Amount (\$)	Payee address; City; State; Zip	Code	
	\$195.07	3755 Ih-10 South		
		Beaumont, TX 77705		
8	PURPOSE OF	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 dayer dustage of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
				Campaign Lodging - Beaumont
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	sought	t Office held
	experialture to benefit C/Oi			
	Date	Payee name		
	05/27/2024	Hilton Garden Inn		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$140.18	3755 Ih-10 South		
		Beaumont, TX 77705		
	PURPOSE OF	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
				Campaign Lodging - Beaumont
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	t Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	05/28/2024	Hilton Garden Inn		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$322.20	3755 Ih-10 South		
		Beaumont, TX 77705		
	PURPOSE OF	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 dustin, TX, officeholder living expense
				Campaign Lodging - Beaumont
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	t Office held
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 30/66 Rpt: 45/82	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	05/09/2024	Hilton Houston-Post Oak by the Galleria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$192.25	2001 Post Oak Blvd	
		Houston, TX 77056-4401	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense C/OH: Houston AI Events	
		C/OTI. Houston / W Events	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
⊨	Date	Dougo nama	_
	04/15/2024	Payee name Home2 Suites by Hilton Beaumont	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.86	5370 Clearwater Court	
		Beaumont, TX 77705	
	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	
		Campaign Lodging of District - Beaumont	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	┨	
F	Date	Payee name	_
	02/29/2024	Impact Signs & Graphics	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,022.96	541 Industrial Blvd	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Signs / Stakes	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
\vdash			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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: 31/66 Rpt: 46/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	06/01/2024	JP Morgan Chase
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	1700 E Southlake Blvd
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Card Replacement Fee
		Cara Replacement 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	02/28/2024	JP Morgan Chase
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1700 E Southlake Blvd
		Southlake, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Domestic Wire Fee
		Bomoode Wile Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/12/2024	Joe's Pizza N Pasta
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.33	837 Keller Pkwy
	Ψ1.55	667 Nellet I Kwy
		Keller, TX 76248
	DUDDOCE	I
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Dinner
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 32/66 Rpt: 47/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973	,
4	Date 04/19/2024	5 Payee name Kindred Coffee Co.	
6	Amount (\$) \$6.77	7 Payee address; City; State; Zip Code 8700 N Tarrant Pkwy North Richland Hills, TX 76182	
8	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 Constituent Meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/26/2024	Payee name Lawson Strategies, LLC	
	Amount (\$) \$14,434.55	Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print, Mail, Design, Postage & Tax	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/26/2024	Payee name Lawson Strategies, LLC	
	Amount (\$) \$14,496.93	Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print, Mail, Design, Postage & Tax	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 33/66 Rpt: 48/82	FILER NAME Capriglione, Giovanni S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065973
4	Date 02/26/2024	5 Payee name Lawson Strategies, LLC	
6	Amount (\$) \$14,496.93	7 Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print, Mail, Design, Postage & Tax
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 02/26/2024	Payee name Lawson Strategies, LLC	
	Amount (\$) \$2,297.20	Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 02/27/2024	Payee name Lawson Strategies, LLC	
	Amount (\$) \$2,221.80	Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 34/66 Rpt: 49/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/27/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,134.10	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting
		. o.k.i.i.g
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
_	Date	Payee name
	02/28/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$17,646.05	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Print, Mail, Design, Postage & Tax
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/28/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,516.08	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting
		Texting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/66 Rpt: 50/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/28/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,794.70	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting
		To Aurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$13,627.49	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Print, Mail, Design, Postage & Tax
		Tint, Man, Design, 1 ostage & Tax
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	03/04/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,722.90	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting
		Toxing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
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

	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: 36/66 Rpt: 51/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/04/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,640.30	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/04/2024	Lawson Strategies, LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$14,194.09	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Print, Mail, Design, Postage & Tax
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/04/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1115 Kinney Avenue
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Unit 5
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Retainer
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 37/66 Rpt: 52/82	· -	e, Giovanni S. (The	Honorable)				00065973	
4	Date	5 Payee name							
	03/05/2024	Lawson Str	ategies, LLC						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$1,314.50	1115 Kinne	ey Avenue						
		Unit 5							
		Austin, TX	78704						
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising				=			plete Schedule T.
						Texting	, IX	officeholder living	g expense
						rexuing			
9	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office so	<u>l</u> ught			Office he	eld
F	Date	Payee name	<u> </u>						
	03/14/2024	1	ategies, LLC						
┢	Amount (\$)	Payee addre		State; Zip C	ode				
	\$5,000.00	1115 Kinne	-	•					
	·	Unit 5							
		Austin, TX	78704						
┝	PURPOSE		See Categories listed at the to		(b)	Description			
	OF	Consulting		p of this schedule)	(~)	_	outs	de of Texas. Com	plete Schedule T.
	EXPENDITURE		ZAPONOO			Check if Austin,	, TX	officeholder living	g expense
						Consulting Fe	ee		
L									
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office h	eld
Г	Date	Payee name	!						
	05/18/2024	Le Capitole	e Hotel						
Г	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$223.08	972 rue Sa	int-Jean						
		Quebec Qı	ıebec G1R1R5 Can	ada					
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District			X Check if travel of			
						_		officeholder living	ee AI, Cybersecurity &
						Privacy	、	Jubcommitte	se Ai, Cybersecully &
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	l ught			Office h	eld
	expenditure to benefit C/O			J.1100 301	g. II			Ooo 11	
\vdash									
<u>_</u>									

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverage Expense Gift/Awards/Memorials E Legal Services		Polling Exp Printing Ex	ense pens			Travel in Distric	
Th				The Instruction Gui	ide explains l	how to cor	nple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 38/66 Rpt: 53/82		Capriglione,	Giovanni S. (Th	e Honorab	le)			l	00065973	
4	Date	5	Payee name								
	05/29/2024		Lettunich, S	teve							
_		┞			04-4	7:- 0-	-1 -				
6	Amount (\$)	ı	Payee addres		State;	Zip Co	ae				
	\$1,920.00		1019 Windir	ng Brook							
			Garland, TX	75044							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ges/Contract La				Check if travel	outsi	ide of Texas. Co	mplete Schedule T.
	LAI LINDITORE							_		, officeholder livir	ng expense
								Campaign Co	onti	ract Work	
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	C	Office sou	ght			Office h	neld
	experialture to belieff C/Or										
	Date		Payee name								
	03/05/2024		Lettunich, S	teve							
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de				
	\$340.00	ı	1019 Windir	•	•						
	40.0.00			.g 2.00.							
			Corload TV	775044							
			Garland, TX	. 75044							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	iges/Contract La	bor			=		ide of Texas. Co , officeholder livir	mplete Schedule T.
								Campaign Co			ig expense
								Campaign Co	0	act Work	
_	Complete ONLY if direct	<u> </u>	`andidata/Offi	ceholder name		Office sough	ht			Office h	nold
	expenditure to benefit C/O		anuluale/Oni	centituer name	C	mice sout	JIII			Office i	ieiu
		_									
	Date		Payee name								
	02/26/2024		Lettunich, S	teve							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$760.00		1019 Windir	ng Brook							
			Garland, TX	75044							
	DUDDOCE	l					/l-\	<u> </u>			
	PURPOSE OF		,	ee Categories listed at the		edule)	(D)	Description Check if travel	outsi	ide of Texas, Co.	mplete Schedule T.
	EXPENDITURE		Salanes/wa	iges/Contract La	וטטו					, officeholder livir	
								Campaign Co			
H	Complete ONLY if direct		andidate/Offic	ceholder name	C	Office soug	ght			Office h	neld
	expenditure to benefit C/O						, -				
	rme provided by Tayas E	thio	c Commisci	20 140	MM Othice e	toto tv u					Version V// 1 0 d279ah:

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 39/66 Rpt: 54/82	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	03/01/2024	Lettunich, Steve	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,300.00	1019 Winding Brook	
		Garland, TX 75044	
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	
		Campaign Contract Work	
		Sampaign Samana	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
F	Date	Payee name	=
	03/18/2024	LinkedIn	
┝	Amount (\$)	Payee address; City; State; Zip Code	-
	\$75.76	1000 W Maude Ave	
	Ψ10.10	1000 W Madde / Wo	
		Sunnyvale, CA 94085	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense LinkedIn Subscription	
		Linkeum Subscription	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	04/18/2024	LinkedIn	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$75.76	1000 W Maude Ave	
	Ψ13.10	1000 W Madde Ave	
		Sunnyvale, CA 94085	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		LinkedIn Subscription	
\vdash	Complete ONII V if alice -	Condidate/Officeholder name Office county Office	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
$ldsymbol{f eta}$			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/66 Rpt: 55/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	05/18/2024	LinkedIn
6	Amount (\$) \$75.76	7 Payee address; City; State; Zip Code 1000 W Maude Ave
		Sunnyvale, CA 94085
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LinkedIn Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/18/2024	LinkedIn
	Amount (\$) \$75.76	Payee address; City; State; Zip Code 1000 W Maude Ave
		Sunnyvale, CA 94085
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LinkedIn Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	Lone Star Executive Suites
	Amount (\$) \$1,157.00	Payee address; City; State; Zip Code 312 W Northwest Hwy
		Grapevine, TX 76051
	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 Campaign Office Rental
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 41/66 Rpt: 56/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 04/01/2024	5 Payee name Lone Star Executive Suites
6	Amount (\$) \$1,157.00	7 Payee address; City; State; Zip Code 312 W Northwest Hwy Grapevine, TX 76051
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 Campaign Office Rental
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/01/2024	Payee name Lone Star Executive Suites
	Amount (\$) \$1,157.00	Payee address; City; State; Zip Code 312 W Northwest Hwy Grapevine, TX 76051
	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 Campaign Office Rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/01/2024	Payee name Lone Star Executive Suites
	Amount (\$) \$1,157.00	Payee address; City; State; Zip Code 312 W Northwest Hwy
		Grapevine, TX 76051
	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 Campaign Office Rental
	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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 42/66 Rpt: 57/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 02/26/2024	5 Payee name Lone Star Executive Suites
6	Amount (\$) \$1,157.00	7 Payee address; City; State; Zip Code 312 W Northwest Hwy Granevine, TX 76051
8	PURPOSE OF EXPENDITURE	Grapevine, TX 76051 (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 Campaign Office Rental
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/08/2024	Payee name McCaslin, Charlie
	Amount (\$) \$3,100.00	Payee address; City; State; Zip Code 3525 Plymouth Avenue Fort Worth, TX 76109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Wages
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/01/2024	Payee name Melissa Data
	Amount (\$) \$324.00	Payee address; City; State; Zip Code 22382 Avenida Empresa
		Rancho Santa Margarita, CA 92688
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Data (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone Number Information
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 43/66 Rpt: 58/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/26/2024	Mooyah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.31	2225 W Southlake Blvd
		#475
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Volunteer Food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	04/01/2024	Northeast Leadership Forum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Drawer 969
		Bedford, TX 76094
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wiembership Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davide name
	04/01/2024	Payee name Northeast Leadership Forum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Drawer 969
		Bedford, TX 76094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 44/66 Rpt: 59/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	04/01/2024	Northeast Leadership Forum
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$75.00	PO Drawer 969
		Bedford, TX 76094
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 Luncheon
		Euroneon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Davisa nama
	05/02/2024	Payee name OI South Pancake House
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.99	1509 S University Dr
L		Fort Worth, TX 76107
	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
		Campaign Meal
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/19/2024	Orange County
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$420.00	206 Border Street
	7.20.00	
		Orange, TX 77630
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Public Information Request Documentation Fee
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
ldash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 45/66 Rpt: 60/82		cs Commission Filers)
4	Date 03/01/2024	5 Payee name Panera Bread - Euless	
6	Amount (\$) \$37.58	7 Payee address; City; State; Zip Code	
8	PURPOSE OF EXPENDITURE	Euless, TX 76039 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Scing Check if Austin, TX, officeholder living expensions Campaign Volunteer Meals	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 03/28/2024	Payee name Panera Bread	
	Amount (\$) \$82.93	Payee address; City; State; Zip Code 2805 Bee Caves Road Austin, TX 78746	
	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 Sci Check if Austin, TX, officeholder living expense Staff Lunch	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 03/06/2024	Payee name Phone.com	
	Amount (\$) \$62.06	Payee address; City; State; Zip Code 625 Broad Street #240 Newark, NJ 07102	
	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 Sc Check if Austin, TX, officeholder living expensively VolP Phone Services	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held 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/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: 46/66 Rpt: 61/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	03/05/2024	Postino
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.15	1440 Main St
		Southlake, TX 76092
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
		Campaign Meal Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/05/2024	ReadyRefresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.90	16420 N Interstate Hwy 35
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2024	Rumble Up
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,650.00	2021 L St NW
	1-,000	Ste 101-220
		Washington DC, DC 20036
	PURPOSE	To the second se
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Text Messaging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 47/66 Rpt: 62/82		er ID (Ethics Commission Filers) 065973			
4	Date 03/14/2024	5 Payee name Ryan Data & Research				
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code P.O. Box 202675 Austin, TX 78720				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought DH	Office held			
	Date 04/01/2024	Payee name SOUTHLAKE CHAMBER OF COMMERCE				
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 1501 Corporate Cir #100 #100 Southlake, TX 76092				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside or Check if Austin, TX, office Membership Lunch				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held			
	Date 03/15/2024	Payee name SOUTHLAKE CHAMBER OF COMMERCE				
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 1501 Corporate Cir #100 #100 Southlake, TX 76092				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Check if Austin, TX, office Membership Lunch				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 48/66 Rpt: 63/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973					
4	Date	5 Payee name					
-	04/03/2024	SOUTHLAKE CHAMBER OF COMMERCE					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$125.00	1501 Corporate Cir #100					
		#100					
		Southlake, TX 76092					
8	PURPOSE						
١	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Membership Event / Aim for Safety					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	05/14/2024	Schaub, Amber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	6900 David Lane					
	4000.00	5555 Bavia Lane					
		Colleyville, TX 76034					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Lonestar Artist Award Gift					
		Lonestal Artist Award Gilt					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI						
	Date	Payee name					
	02/26/2024	Serving Our Seniors					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	3401 S Booth Calloway Rd					
		Richland Hills, TX 76118					
	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.					
		Candidate/Officeholder/Political Committee					
		Donation to Monpholit Supporting Schlors					
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	·						

SCHEDULE F1

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

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

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

l	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)					
l	Sch: 49/66 Rpt: 64/82	Capriglione, Giovanni S. (The Honorable) 00065973					
4	Date	5 Payee name					
	05/29/2024	Smith, Joshua					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$1,680.00	111 Sumac Drive					
		Waxahachie, TX 75165					
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					
		Campaign Contract Work					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	03/05/2024	Smith, Joshua					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$340.00	111 Sumac Drive					
L		Waxahachie, TX 75165					
l	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					
Campaign Contract Work							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L	experialitire to benefit C/Oi						
l	Date	Payee name					
	03/01/2024	Smith, Joshua					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,285.00	111 Sumac Drive					
		Wovehookin TV 75105					
		Waxahachie, TX 75165					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.					
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
l		Campaign Contract Work					
L							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L	Orialians to borionic oron						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
_	Sch: 50/66 Rpt: 65/82	Capriglione, Giovanni S. (The Honorable) 00065973					
4	Date	5 Payee name					
	06/08/2024	Speedway Children's Charity					
6	Amount (\$) \$61.80	7 Payee address; City; State; Zip Code 3545 Lone Star Cir Fort Worth, TX 76177					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charitable Donation - Speedway					
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	03/06/2024	Staples Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
\$361.28		200 N Kimball Ave					
		#200					
		Southlake, TX 76092					
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Printed Campaign Material					
		· ····································					
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	04/13/2024	Staples Inc					
	Amount (\$) \$146.75	Payee address; City; State; Zip Code 200 N Kimball Ave #200					
		Southlake, TX 76092					
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					
Printer Toner							
	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 Committee

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		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: 51/66 Rpt: 66/82	Capriglione, Giovanni S. (The Honorable) 00065973				
4	Date	5 Payee name				
	05/12/2024	Staples Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$351.73	200 N Kimball Ave				
		#200				
		Southlake, TX 76092				
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 Toner / Paper / Envelopes				
		Toner / Laper / Envelopes				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O					
Г	Date	Payee name	_			
	06/20/2024	Staples Inc				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$388.26	200 N Kimball Ave				
		#200				
		Southlake, TX 76092				
	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 Toner / Envelopes / Folders / Cables / Charger				
		Totiet / Envelopes / Folders / Gables / Gharger				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O	1				
	Date	Payee name				
	03/05/2024	Starbucks #6347				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$16.45	1403 Main St S				
		Keller, TX 76248				
	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 Drinks - Campaign				
		Dilliks - Callipaigii				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
Т						

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 complete this form.
1	Total pages Schedule F1: Sch: 52/66 Rpt: 67/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 02/28/2024	5 Payee name Stephanie Klick Campaign
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution to Stephanie Klick for Texas House
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/06/2024	Payee name Summer Moon Coffee
	Amount (\$) \$16.29	Payee address; City; State; Zip Code 1004 Keller Pkwy #104 Keller, TX 76248
	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 Campaign Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/08/2024	Payee name Tacodeli
	Amount (\$) \$78.76	Payee address; City; State; Zip Code 4200 N. Lamar Blvd
		Austin, TX 78756
	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 Staff Lunch
	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 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						
1 Total pages Schedule F1: 2 FILER NAM							
1	Sch: 53/66 Rpt: 68/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973					
4	Date	5 Payee name					
	06/02/2024	The Home Depot					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$34.58	300 S Village Cnter					
		Southlake, TX 76092					
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					
		Hangers / Hooks for office					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/OI						
_							
	Date	Payee name					
	03/12/2024	The Mail Room					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$204.05	729 Grapevine Hwy					
		Hurst, TX 76054					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Mailed Campaign Literature					
		Malieu Campaign Elicrature					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	03/01/2024	Thompson, Payton					
	Amount (\$)						
	\$380.00	113 East Plaza Blvd					
		Apt 2049					
		Hurst, TX 76053					
	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					
		Campaign Contract Work					
	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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment							
-	Total pages Schedule F1:	<u> </u>					
_	Sch: 54/66 Rpt: 69/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973					
4	Date	5 Payee name					
	03/05/2024	Thompson, Payton					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$244.00	113 East Plaza Blvd					
		Apt 2049					
		Hurst, TX 76053					
8	PURPOSE						
ľ	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					
		Campaign Contract Work					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/26/2024	Thompson, Payton					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$550.00	113 East Plaza Blvd					
		Apt 2049					
		Hurst, TX 76053					
	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					
		Campaign Contract Work					
		Sampaign Sontiact Work					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol	1					
	Date	Payee name					
	03/01/2024	Thomsen, Corey					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,692.00	2 Pin Oak Ct					
		Trophy Club, TX 76262					
	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					
		Campaign Contract Work					
_	0 1. 0						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	onponditure to benefit 0/01	•					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 55/66 Rpt: 70/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973			
4	Date 05/31/2024	5 Payee name USPS			
6	Amount (\$) \$425.00	7 Payee address; City; State; Zip Code 300 State St			
		Southlake, TX 76092			
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 Postage Stamps			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date 02/28/2024	Payee name USPS			
	Amount (\$) \$954.00	Payee address; City; State; Zip Code 300 State St Southlake, TX 76092			
	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 Stamps / Mailing			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date 03/24/2024	Payee name Verizon Wireless			
	Amount (\$) \$38.59	Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093			
	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 Campaign Phone Expense			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out of Dis OTHER (enter a	strict category not listed above)		
1 Total pages Schedule F1: 2 FILE		2 EII ED NIA		•			12	Filer ID	(Ethics Commission Filers)
-	· · ·			Honoroblo)				00065973	(Ethics Commission Files)
	Sch: 56/66 Rpt: 71/82		ne, Giovanni S. (The	Honorable)				00005973	
4	Date	5 Payee nai	me						
	04/03/2024	Verizon \	Wireless						
6	Amount (\$)	7 Payee add	dress; City;	State; Zip C	ode				
	\$77.18	•	Southlake Blvd	этэн э					
	Ψ11120		oddinano Biva						
		Ste 340							
		Southlak	e, TX 76093						
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Exper						plete Schedule T.
	LAFENDITORE					_		officeholder living	g expense
						Campaign Ph	non	e Expense	
9	Complete ONLY if direct		Officeholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	-1							
	Date	Payee nai	ne						
	05/04/2024	Verizon \	Wireless						
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode				
	\$44.10	2221 F.S	2221 E Southlake Blvd						
	Ψ11120								
		Ste 340							
		Southlak	e, TX 76093						
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Office O	erhead/Rental Exper	nse		=			plete Schedule T.
EXI ENDITORE						—		officeholder living	g expense
					Campaign Ph	non	e ⊨xpense		
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office so	ught			Office he	eld
	Date	Payee nai	me						
	05/06/2024	Verizon \							
				State: 7in C	odo				
	Amount (\$)	Payee add	•	State; Zip C	oue				
	\$77.18		Southlake Blvd						
		Ste 340							
		Southlak	e, TX 76093						
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF		erhead/Rental Exper			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		·					officeholder living	g expense
						Campaign Ph	non	e Expense	
	Complete ONLY if direct		Officeholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel out of the Communication of the

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:							
_	Sch: 57/66 Rpt: 72/82	Capriglione, Giovanni S. (The Honorable) Capriglione, Giovanni S. (The Honorable)						
4	Date	5 Payee name						
	05/06/2024	Verizon Wireless						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$55.13	2221 E Southlake Blvd						
		Ste 340						
		Southlake, TX 76093						
_	DUDD005							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chook if travel outside of Taxes, Complete Schedule T						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Phone Expense						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
H	Date	Payee name						
	02/27/2024	Verizon Wireless						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$38.59	2221 E Southlake Blvd						
	, , , , ,	Ste 340						
		Southlake, TX 76093						
	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						
		Campaign Phone Expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	05/08/2024	Verizon Wireless						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$44.10	2221 E Southlake Blvd						
		Ste 340						
		Southlake, TX 76093						
	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						
		Campaign Phone Expense						
	Operation Of the Control of the Cont	Overlide to 100 final halden and the control of the						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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.	ı
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission I	Filers)
	Sch: 58/66 Rpt: 73/82	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date 05/21/2024	5 Payee name Verizon Wireless	
6	Amount (\$) \$38.59	7 Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093	
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 Campaign Phone Expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 06/21/2024	Payee name Verizon Wireless	
	Amount (\$) \$38.59	Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093	
	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 Campaign Phone Expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 06/06/2024	Payee name Verizon Wireless	
	Amount (\$) \$77.18	Payee address; City; State; Zip Code 2221 E Southlake Blvd Ste 340 Southlake, TX 76093	
	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 Campaign Phone Expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	rms provided by Tayas E	Ethics Commission www.athics state tv us Version V// 1.0 d3	070chs0

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		
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 59/66 Rpt: 74/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973	
4	Date	5 Payee name	
	03/26/2024	Vonlane	
	03/20/2024		
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$274.00	6310 Lemmon Ave	
		Dallas, TX 75209	
-	DUDDOCE		
8	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	
		C/OH Travel to Austin - Panel	
		G/OTT Travel to Austin - 1 and	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	04/02/2024	Vonlane	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$270.00	6310 Lemmon Ave	
	Φ270.00	0510 Lemmon Ave	
		Dallas, TX 75209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		C/OH Travel to Austin - Panel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH	
—	Date	Payon namo	_
		Payee name Woffle Work	
	02/27/2024	Waffle Way	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.23	1206 W Northwest Hwy	
		Grapevine, TX 76051	
	PURPOSE		_
	OF		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Constituent Meal	
H	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 Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 60/66 Rpt: 75/82		Capriglione, Giovanni S. (The Honorable	e)			00065973		
4	Date	5	Payee name						
	02/26/2024		Walgreens						
6	Amount (\$) \$59.05		7 Payee address; City; State; Zip Code 1470 Keller Pkwy Keller, TX 76248						
8	PURPOSE	⊢	Category (See Categories listed at the top of this sched	dule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense		Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
					Campaign Vo	olur	nteer Drinks		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice souç	yht		Office held		
	Date		Payee name						
	02/26/2024		Westin Dallas Southlake						
Amount (\$) Payee address; City; State; Zip Code									
	\$197.75 1200 E State Hwy 114								
			Southlake, TX 76092						
l OE I			Category (See Categories listed at the top of this scheel Travel In District	dule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nteer Lodging		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			Candidate/Officeholder name Of	ffice souç	ght		Office held		
	Date		Payee name						
	06/10/2024		Willhoite's Restaurant						
	Amount (\$) Payee address; City; State; Zip Code \$50.73 432 S Main St								
	Grapevine, TX 76051								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scher Food/Beverage Expense	dule)	<u> </u>	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Of	ffice souç	ght		Office held		

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
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 com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 61/66 Rpt: 76/82	Capriglione, Giovanni S. (The Honorable)		00065973
4	Date	5 Payee name		-
	03/05/2024	Wilmot, Bob		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$360.00	PO Box 234		
		Roanoke, TX 76262		
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.
	EXPENDITURE	-		Check if Austin, TX, officeholder living expense
				Campaign Contract Work
_				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	nt	Office held
	Date	Payee name		
	03/01/2024	Wilmot, Bob		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$360.00	PO Box 234		
		Roanoke, TX 76262		
	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 Campaign Contract Work
				Campaign Contract Work
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	•		
	Date	Payee name		
	05/01/2024	Winred		
	Amount (\$)	Payee address; City; State; Zip Cod	Δ.	
	\$19.70	1776 Wilson Blvd	C	
	Ψ10.110	1770 Wilson Biva		
		Arlington, VA 22209		
	DUDD005			
	PURPOSE OF	2 (D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Fees
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 62/66 Rpt: 77/82	Capriglione, Giovanni S. (The Honorable) 00065973						
4	Date	5 Payee name						
	04/19/2024	Winred						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$0.99	1776 Wilson Blvd						
		Arlington, VA 22209						
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 Fees						
		1 663						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
L								
	Date	Payee name						
	04/17/2024	Winred						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$63.89	1776 Wilson Blvd						
		Arlington, VA 22209						
	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 Fees						
		1 663						
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OH							
L								
	Date	Payee name						
	04/15/2024	Winred						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$39.41	1776 Wilson Blvd						
L		Arlington, VA 22209						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Fees						
	Complete ONLY !! -!!!	Condidate/Officeholder name						
	Complete <u>ONLY</u> 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp			Travel in District Travel Out of Di	
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)
	Sch: 63/66 Rpt: 78/82	Capriglione	e, Giovanni S. (The Honor	rable)			00065973	
4	Date	5 Payee name						
-	04/09/2024	Winred	•					
_			0'1	.t 7!:- 0	I-			
6	Amount (\$)	7 Payee addre		ate; Zip Coo	е			
	\$9.86	1776 Wilso	on Biva					
		Arlington, ۱	/A 22209					
8	PURPOSE	(a) Category (5	See Categories listed at the top of this	schedule)	b) Description			
	OF EXPENDITURE	Fees			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXI ENDITORE				—	ı, TX,	officeholder living	g expense
					Fees			
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office soug	ht		Office h	eld
	experiulture to benefit C/Or	1						
	Date	Payee name						
	03/22/2024	Winred						
	Amount (\$)	Payee addre	ess; City; Sta	ate: Zip Cod	e			
	\$59.10	1776 Wilso		,р осо				
	Ψ55.10	1770 Wilse	ni biva					
			/A 00000					
		Arlington, \	VA 22209					
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	b) Description			
	OF EXPENDITURE	Fees			=			plete Schedule T.
					Fees	1, IX,	officeholder living	g expense
					1-663			
	Operation ONLY if allowed	0	£ - - - - -	045	L_4		O#: I-	-1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office soug	nt		Office h	eid
	Date	Payee name	9					
	03/09/2024	Winred						
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Cod	e			
	\$1.97	1776 Wilso	on Blvd					
		Arlington, \	/A 22200					
			VA 22209	1.				
	PURPOSE OF	1	See Categories listed at the top of this	schedule)	b) Description	outo:	de of Toyon Com	mlete Cebedule T
	EXPENDITURE	Fees					officeholder living	plete Schedule T.
					Fees	1, 170,	, omeendaer nam	у схропос
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office soug	ht		Office h	2ld
expenditure to benefit C/OH			nocholaci Hailic	Onice Soug			Onice III	oiu
Eor	me provided by Texas E	thine Commice	ion wasse othio	c ctata tv uc				Version V// 1.0 d279aha0

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 64/66 Rpt: 79/82	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 03/06/2024	5 Payee name Winred
6	Amount (\$) \$2.96	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Arlington, VA 22209
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/05/2024	Payee name Winred
	Amount (\$) \$9.85	Payee address; City; State; Zip Code 1776 Wilson Blvd Arlington, VA 22209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/27/2024	Payee name Winred
	Amount (\$) \$5.91	Payee address; City; State; Zip Code 1776 Wilson Blvd Arlington, VA 22209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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: 65/66 Rpt: 80/82	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	02/26/2024	Winred
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.94	1776 Wilson Blvd
		Arlington, VA 22209
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
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/02/2024	Your New Neighbor
	Amount (\$)	Payee address; City; State; Zip Code
	\$515.00	10 N Caddo ST
		PMB 191
		Cleburne, TX 76031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense New Mover Advertisement
		New Mover Advertisement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/02/2024	Your New Neighbor
	Amount (\$)	Payee address; City; State; Zip Code
	\$515.00	10 N Caddo ST
		PMB 191
		Cleburne, TX 76031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		New Mover Advertisement
L	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	ı - ıl Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	е	Polling Expen Printing Expe	ead/Rental Expense ise nse es/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card Payment			The Instruction Guide ex	plains h	ow to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
l	Sch: 66/66 Rpt: 81/82		Capriglione	, Giovanni S. (The Ho	norable	e)			00065973	
┢	Date	5	Payee name							
	02/29/2024		Ziprecruiter							
<u> </u>		_								
6	Amount (\$)	7	Payee addre		State;	Zip Code				
l	\$307.01		2115 Glend	coe Ave						
l										
l			Venice, CA	90291						
8	PURPOSE	(a)	Category (c	ee Categories listed at the top of	i thio ooboo	dula) (b) Description			
	OF	 ``		head/Rental Expense		uule)		louts	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		011100 0101	modern contain Expense			Check if Austin	n, TX	, officeholder living	g expense
l							Contractor H	Iirin	g Service	
9	Complete ONLY if direct		Candidate/Offi	iceholder name	Of	fice sough	t		Office he	eld
	expenditure to benefit C/OI	Н								
l										
l										
l										

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 82/82						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	vanni S. (The Honorable)	00065973						
		00003973						
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
American Airline								
5 Contribution / Expe								
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC						
6 Dates of Travel	7 Name of person(s) traveling							
	Capriglione, Giovanni							
	8 Departure city or name of departure location							
06/16/2024	DFW							
	Destination city or name of destination location							
06/18/2024	DC							
10 Means of transport		other event)						
Commercial Airp	lane DC Meetings / Miami AI Panel							
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee							
Le Capitole Hote	ıl							
Contribution / Expe	enditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC						
Dates of Travel								
Dates of Travel	Name of person(s) traveling							
	Capriglione, Giovanni							
	Departure city or name of departure location							
05/15/2024	Dallas							
	Destination city or name of destination location							
05/18/2024	Quebec							
Means of transport	tation Purpose of travel (including name of conference, seminar, or	other event)						
Commercial Airp	lane NCSL							