# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this for	m. Filer ID (Ethics Commission 00086453		<ul><li>2 Total pages filed:</li><li>68</li></ul>
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Staci D.			Date Received
''''				ELECTRONICALLY FILED
	NICKNAME LAST		SUFFIX	07/15/2024
	Childs			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	405 Main Street			
ADDRESS	Suite 450			Receipt # Amount
Change of Address	Houston, TX 77002			
П п п п п п п п п п п п п п п п п п п п	11003(011, 17/17002			Date Processed
				Date Imaged
E CAMPAIGN	MC / MDC / MD			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	
NAME	Mr. Phil			
	NICKNAME LAST		SUFFIX	
	Vhondo			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	SE); APT / S	SUITE#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	405 Main Street			
	Suite 450			
(Residence or Business)	Houston, TX 77002			
	. 10 00 00 11, 17 1 1 0 0 2			
7 CAMPAIGN	AREA CODE PHONE NUMBER	R EXTENSION		
TREASURER PHONE	(404) 376-1451			
ITIONE				
8 REPORT				
TYPE	January 15 30th day	before election Ru	noff X	15th day after campaign treasurer appointment (officeholder only)
	X July 15 Sth day b	pefore election	ceeded modified	Final Report (Attach C/OH-FR)
	X July 15 8th day b		orting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	Month Day Year 01/01/2024	THROUGH	Month Day 06/30/2024	
	01/01/2024	1111100011	00/30/2022	•
10 ELECTION	ELECTION DATE		ELECTION TYPE	
LO ELECTION	Month Day Year	Primary	Runoff	Other
	11/05/2024		<b>-</b>	
		χ General	Special	
11 OFFICE	OFFICE HELD (if any)	1:	2 OFFICE SOUGHT	(if known)
	State Board Of Education District 4 I	Harris	State Board Of E	ducation District 4
		GO TO PAGE 2		
	•	GO TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 68

13 C / OH NAME	Childs, Staci D. (The	Honorable)	<b>14</b> Filer ID (00086453	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 31,355.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 31,742.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Staci D. Childs	s
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

# SUBTOTALS - C/OH COVER SHEET PG 3 3 of 68 B FILER NAME Childs, Staci D. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00086453

18 FILE	ER NAI	(Ethic	s Commission Filers)		
l		aci D. (The Honorable)	19 Filer ID 00086453	(Lunc	3 Commission Filers)
		E SUBTOTALS SCHEDULE		Š	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	31,355.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				31,742.90
6.	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.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
12.		\$			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/68	
2	FILER NAME Childs, Staci	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 02/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ Allen, Brittney  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
•	Dringing oggu	Houston, TX 77006	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Brittney  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Atia, Rahan Contributor address; City; State; Zip Code Houston, TX 77077			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Boral, Ben Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:_Brooks, Evelyn  Contributor address; City; State; Zip Code  Frisco, TX 75034			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/68	
2	FILER NAME Childs, Staci	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 02/06/2024	5 Full name of contributor out-of-state PAC (ID#:_ Brooks, Willie  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Daine in all a con-	Houston, TX 77091				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_Brown, Jay  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77963 pation / Job title (See Instructions)	Employer (See Instructions	)		
	о.ра. оооа	panent cos and (cos menassions)				
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Beverly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Atlanta, GA 30331				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions  Not Employed	)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Campbellmoore, JoAnne Contributor address; City; State; Zip Code Lithonia, GA 30038	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cannon, Amber Contributor address; City; State; Zip Code  Lawrenceville, GA 30044			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) gram Manager	Employer (See Instructions Optum	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/68	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commissio 00086453	n Filers)
4	Date 04/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$6,500.00
_		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Childs, Staci (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77004 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Attorney	pation / 300 title (3ee instructions)	Sunnyside Legal Clinic	,		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Clasquin & Harslem, Rani & Eric Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		TX				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Danielson, John Contributor address; City; State; Zip Code  Washington DC, DC 20007			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Aicha Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/68	
2	FILER NAME Childs, Staci	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 02/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Deezy, Sean</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Houston, TX				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Delisi Communications  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Delk, Desmond Contributor address; City; State; Zip Code Langston, OK 73050	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Dougherty, Lauren  Contributor address; City; State; Zip Code  TX			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Drewes, Aldia Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/68	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commissio 00086453	n Filers)
4	Date 02/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_	Deignaiga I annu	Houston, TX 77055	O Franks var (Can Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Gendron, Christine  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_Gilliard, Kennon  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77089 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#:_ Hardgraves, Krischell Contributor address; City; State; Zip Code Spring, TX			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Harper, Davien  Contributor address; City; State; Zip Code  Houston, TX 77079			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/68	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	ı Filers)
4	Date 02/22/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Holmes, Rosalyn</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: John, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Elisabeth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Missouri City, TX 77489 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Jones, Garry  Contributor address; City; State; Zip Code  Austin, TX 78756			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Teresa  Contributor address; City; State; Zip Code  Houston, TX 77004	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/68	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	on Filers)
4	Date 02/21/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Houston, TX 77006				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/22/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77096 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/11/2024	Full name of contributor	0-8848357		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/05/2024	Full name of contributor	0-8848357		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor	6-0596684		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		•				

	MONET	ARY POLITICAL CO	NTRIBUTIOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/68	
2	FILER NAME Childs, Staci	D. (The Honorable)			3	Filer ID (Ethics Commission 00086453	on Filers)
4	Date 05/20/2024	5 Full name of contributor X C	out-of-state PAC (ID#: <u>26</u> Zip Code		7	Amount of Contribution (\$)	\$7,000.00
		Austin, TX 78756	•				
8	Principal occu	oation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/20/2024	List, Amanda  Contributor address; City; State; 2				Amount of Contribution (\$)	\$10.00
	Principal occu	TX pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 02/21/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$100.00
		Austin, TX					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 02/06/2024	London, Kendra		)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 02/15/2024	Lowery, Brandi	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/68	
2	FILER NAME	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	n Filers)
4	Date 02/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		New York, NY 11233				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ McCary, Eryon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00
	Principal occu	Houston, TX 77033  Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Medina, Hector Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77095	Employer (See Instructions	 		
	•	,	. , ,	<u></u>		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Medlock, Shree Contributor address; City; State; Zip Code TX	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> 5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_Naomi, Klarc  Contributor address; City; State; Zip Code  Houston, TX 77077			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/68	
2	FILER NAME Childs, Staci	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	ı Filers)
4	Date 01/24/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00
_	Delicalis al access	Irving, TX	O Frankrije (Con kostansting			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/22/2024 Oliveria, Viviane  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	-					
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:_ Ortega, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		El Paso, TX 79996				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_Sales, Courtney  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Rosharon, TX 77583  pation / Job title (See Instructions)	Employer (See Instructions			
Employer (See Institution)		,				
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_Sankey, Darren  Contributor address; City; State; Zip Code  Houston, TX 77051			Amount of Contribution (\$)	\$65.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/68
2	FILER NAME Childs, Staci	D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086453
4	Date 02/04/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$25.00
	Dringing! goog	Atlanta, GA 30311	D. Employer (See Instructions	
8	Managing Di	pation / Job title (See Instructions) irector	9 Employer (See Instructions) KIPP Metro Atlanta School	
	Date  O2/23/2024  Full name of contributor out-of-state PAC (ID#:)  Texas Public Charter School Association  Contributor address; City; State; Zip Code  Austin , TX 78704			Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)  Employer (See Instruction			)	
	Date 01/20/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Alexius Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
	Deignaignal annu	Houston, TX 77047	Fandayar (Coo Instructions	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Alexius  Contributor address; City; State; Zip Code  Houston, TX 77047	)	Amount of Contribution (\$) \$25.00
		Employer (See Instructions	)	
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Twitty, Courtney  Contributor address; City; State; Zip Code  TX		Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/68	
2	FILER NAME Childs, Staci	i D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	ı Filers)
4	Date 02/05/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00
_		Lithonia, GA				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/22/2024 Walker, Javyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Houston, TX pation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	·	. , ,			
	Date Full name of contributor out-of-state PAC (ID#:)  02/22/2024 Watson, Lisa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		тх				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Webster, Travette Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	T Illicipal occu	pation 7 sob title (see instructions)	Employer (See manucuons	,		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ White, Keyona Contributor address; City; State; Zip Code  DeSoto, TX 75115	)		Amount of Contribution (\$)	\$50.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions Wiley College	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/68		
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	ı Filers)	
4	Date 02/22/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/22/2024 Williams, Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occupation / Job title (See Instructions)  Employer (See Instruction			)			
	Date Full name of contributor out-of-state PAC (ID#:)  02/22/2024 Williams, Robin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	San Antonio, pation / Job title (See Instructions)	Employer (See Instructions	)			
	<u>'</u>	,	. , ,				
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#: Williams, Shannon Contributor address; City; State; Zip Code Houston, TX 77004			Amount of Contribution (\$)	\$25.00	
Principal occupation / Job title (See Instructions)  Employer (See Instruction		)					
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Woodbury, Jonte Contributor address; City; State; Zip Code  Houston, TX 77003			Amount of Contribution (\$)	\$25.00	
	Principal occu Ops Manage	pation / Job title (See Instructions)	Employer (See Instructions SV	)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	E <b>A1</b>
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 14/14 Rpt: 17/68	
2	FILER NAME Childs, Stac	i D. (The Honorable)			Filer ID (Ethics Commission 00086453	ı Filers)
4	Date 02/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/28/2024 Young, Lawrence  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Hartford, CT 06105-3840	Employer (See Instructions	e)		
	Principal occupation / Job title (See Instructions)  Administration  Employer (See Instructions  Charter Oak Health Cer					
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#:_ Zermeno, Kianna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Orlando, FL				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

#### 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:	· · · · · · · · · · · · · · · · · · ·	ers)
	Sch: 1/51 Rpt: 18/68	Childs, Staci D. (The Honorable)  Childs, Staci D. (The Honorable)	,13)
4	Date	5 Payee name	
	02/01/2024	7-Eleven	
6	Amount (\$) \$24.05	7 Payee address; City; State; Zip Code 4615 San Jacinto St  Houston, TX 77004	
8	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  Travel to Austin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/09/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	4085 Gulf Fwy	
	DUDDOG	Houston, TX 77023	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Speaking at On Time Grad Academy	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/29/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.77	4615 San Jacinto St	
		Houston, TX 77004	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Travel to Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			

#### SCHEDULE F1

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

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

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

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

	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: 2/51 Rpt: 19/68	Childs, Staci D. (The Honorable) 00086453
4		5 Payee name
L	01/05/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$810.01	208 S. Akard St
		Dallag TV 75202
Ļ	DUDDOOF	Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Telephone
Ļ	Complete CNII V if direct	Condidate (Office helder name) Office accepts
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Date	Dayso name
	02/15/2024	Payee name AT&T
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$435.00	208 S. Akard St
		Dallas, TX 75202
Г	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
		Business phone lines
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/10/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.31	208 S. Akard St
		Dallas, TX 75202
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office telephones
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
ı		

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 3/51 Rpt: 20/68	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	•
	02/06/2024	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$82.25	345 Park Avenue	
l			
		San Jose, TX 95110	
8	PURPOSE	(a) Category (c) (b)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	o moo o vo modelii vo maa ziiponoo	Check if Austin, TX, officeholder living expense
			Documentary editing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experiantire to benefit G/OI	'	
	Date	Payee name	
	02/27/2024	Ajayi, Jonathan	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$225.00	2600 West Hollow Dr	
		Houston, TX 77082	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Police officer at documentary
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
H	Date	Davios nama	
	02/09/2024	Payee name Amazon	
┝			
l	Amount (\$) \$30.87	Payee address; City; State; Zip Code 410 Terry Ave N	
l	Ψ30.07	410 Telly Ave IV	
l		Coottle MA 00100	
		Seattle, WA 98109	
	PURPOSE OF	, ,	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
l			Documentary on elected office
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Г			

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 4/51 Rpt: 21/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/12/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$139.62	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Documentary on elected office
		Bookine mary on closed office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$413.28	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Documentary on elected office
		Boodinentary on elected emice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/15/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.20	410 Terry Ave N
	Ψ121.20	410 Tony / We W
		Seattle, WA 98109
	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
		Documentary on elected office
	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 Candidate/Officeholder/Political Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/51 Rpt: 22/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/20/2024	Amazon
6	Amount (\$) \$30.30	7 Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109
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  Documentary on elected office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/06/2024	Apakama, Onyi
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3015 Weslayan St  Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Producer of documentary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Apakama, Onyi
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3015 Weslayan
		Houston, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Producer of documentary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	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: 6/51 Rpt: 23/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	03/18/2024	Boyer, Valerie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Speech writing services
		Speech whiling services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	05/10/2024	Boyer, Valerie
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Speech writing
		Special winning
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Data	Davida marra
	Date 01/18/2024	Payee name Brass Tacks
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.43	612 Live Oat St
		Houston, TX 77003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee meeting with constituent
		Confee meeting with constituent
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/51 Rpt: 24/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	01/18/2024	Brass Tacks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.24	612 Live Oat St
		Houston, TX 77003
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.
		Coffee meeting with constituent
		Conce meeting with constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/25/2024	Brass Tacks
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.61	612 Live Oat St
		Houston, TX 77003
	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
		Constituent meeting
		Solicate in the state of the st
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/12/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.38	3535 S Texas 6
		Houston, TX 77082
	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 ZHOHORZ	Check if Austin, TX, officeholder living expense
		Travel from Austin
_	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Gift/Awards/Memorials in Legal Services  The Instruction Gu	Expense	Printing Exp Printing Exp Salaries/Wa	pense ages/Contra		Travel III Disti Travel Out of I OTHER (enter		above)
1	Total pages Schedule F1:	2 FILER N	IAME					3 Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/51 Rpt: 25/68		Staci D. (The Honora	able)				00086453	3	
4	Date	<b>5</b> Payee n								
	05/02/2024	Cafe E	xpress							
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State;	Zip Coo	de				
	\$50.13	1422 V	V Gray St							
		Housto	n, TX 77019							
8	PURPOSE	(a) Categor	y (See Categories listed at th	e top of this sche	dule)	(b) Des	•			
	OF EXPENDITURE	Food/B	everage Expense					utside of Texas. Co TX, officeholder livi	omplete Schedule T.	
							ff meeting	ra, unicendiaer liv	ing exhense	
						0.0.	9			
9	Complete ONLY if direct	Candidate	e/Officeholder name	Ot	ffice soug	jht		Office	held	
	expenditure to benefit C/O	ł								
	Date	Payee n	ame							
	01/05/2024	Chick-F	-il-A							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Cod	de				
	\$25.90	2715 S	outhwest Fwy							
		Housto	n, TX 77098							
	PURPOSE OF	(a) Categor	y (See Categories listed at th	e top of this sche	dule)	(b) Des				
	OF EXPENDITURE	Food/B	everage Expense					utside of Texas. Co TX, officeholder livi	omplete Schedule T.	
							d for staff	ra, unicendiaer liv	ing evhence	
						. 50				
	Complete ONLY if direct	Candidate	e/Officeholder name	Ot	ffice soug	jht		Office	held	
	expenditure to benefit C/O									
	Date	Payee n	ame							
	01/07/2024	Commo	on Bond Bistro							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Cod	de				
	\$51.58	1706 W	estheimer Rd							
		Housto	n, TX 77006							
	PURPOSE	(a) Categor	y (See Categories listed at th	e top of this sche	dule)	(b) Des	cription			
	OF EXPENDITURE	Food/B	everage Expense						omplete Schedule T.	
							Theck if Austin,	TX, officeholder livi	ing expense	
						Sidi	ıı meemig			
	Complete ONLY if direct	Candidate	e/Officeholder name	Ot	ffice soug	ıht		Office	held	
	expenditure to benefit C/O			O.		,		Jilloc		
Eor	me provided by Tayas F	hice Com	niccion	MM othics st	tato ty us				Version V// 1	0 d270aha0

#### 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: 9/51 Rpt: 26/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	04/06/2024	Cooper, Ty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	10334 Aldrin Dr
		Iowa Colony, TX 77583
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Speech writing
		Spoods mining
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	02/20/2024	Curry, Krystle
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3303 Lyons Ave
		Houston, TX 77020
	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
		Drinks for documentary
		Diffic for documentary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	02/27/2024	Curry, Krystle
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3303 Lyons Ave
		Houston, TX 77020
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bartender at documentary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

#### 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

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

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

	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: 10/51 Rpt: 27/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	01/20/2024	DOLLAR TREE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.30	9499 Main Street
		HOUSTON, TX 77054
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Speaking event at school
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2024	Day 6 Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.28	910 Prairie St
		Houston, TX 77002
	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  Coffee meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/26/2024	Dinkins, Donel
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	39 Hillcrest Rd
	φοσο.σσ	oo i miorest ita
		Hartsdale, NY 10530
	DUDDOOF	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Editing for documentary.
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/51 Rpt: 28/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/16/2024	Dinkins, Donel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	39 Hillcrest Rd
		Hartada Didla NIV 10520
Ļ	DUDDOGE	HartsdaRdle , NY 10530
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Editing for documentary
_	Complete CNII V if direct	Condidate/Officeholder name Office county
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Davies same
	05/18/2024	Payee name Dinkins, Donel
_	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	39 Hillcrest Rd
		Hartsdale Rd, NY 10530
	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
		Editing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	01/03/2024	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.33	303 2nd Street 8th Floor
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for staff
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
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: 12/51 Rpt: 29/68	2 FILER NAME Childs, Staci D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086453
4	Date 01/24/2024	5 Payee name Doordash
6	Amount (\$) \$30.87	7 Payee address; City; State; Zip Code 303 2nd Street 8th Floor
		San Francisco, CA 94107
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 Staff meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/24/2024	Payee name Doordash
	Amount (\$) \$35.37	Payee address; City; State; Zip Code 303 2nd Street 8th Floor  Son Francisco, CA 04107
	PURPOSE OF EXPENDITURE	San Francisco, CA 94107  (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 meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/08/2024	Payee name Doordash
	Amount (\$) \$69.05	Payee address; City; State; Zip Code 303 2nd Street 8th Floor
		San Francisco, CA 94107
	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 meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHE	Out of District R (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 13/51 Rpt: 30/68		ID (Ethics Commission Filers) 36453
4	Date	5 Payee name	
•	01/09/2024	Doordash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.69	303 2nd Street 8th Floor	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		exas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeh	older living expense
		Staff meeting	
9	Complete ONLY if direct expenditure to benefit C/OI		Office held
	experientere to benefit 6/01	011	
	Date	Payee name	
	02/12/2024	Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.95	303 2nd Street 8th Floor	
	Ţ. <u>_</u>		
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAI LINDITORE	Check if Austin, TX, officeh	older living expense
		Staff meeting	
	Complete ONLY if direct expenditure to benefit C/OI		Office held
	Date	Payee name	
	02/13/2024	Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.95	303 2nd Street 8th Floor	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Toda/Beverage Expense	exas. Complete Schedule T.
		Check if Austin, TX, officeh	older living expense
		Staff meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office held
	experience to beliefft C/OI	O11	

#### 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		mmittee Le	it/Awards/Memorials gal Services ne Instruction Gu	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
<u> </u>		<u>۔</u>		mon action Gu	capiuiis ii	.5 10 001		1	_	E1 15	(Edd.)	
1	Total pages Schedule F1:	2						l	3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 14/51 Rpt: 31/68		Childs, Staci I	D. (The Honor	able)					00086453		
4	Date	5	Payee name									
L	02/20/2024		Doordash									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$48.20		303 2nd Stree	t 8th Floor								
			San Francisco	o, CA 94107								
8	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF		Food/Beverag			,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		_	•				<b>—</b>		officeholder living	g expense	
								Staff meeting				
L												
9	Complete ONLY if direct		Candidate/Office	holder name	O	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	02/12/2024		Doordash									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$58.66		303 2nd Stree	t 8th Floor								
			San Francisco	o, CA 94107								
	PURPOSE OF	(a)	Category (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverag	je Expense				<b>=</b>			plete Schedule T.	
								Staff meeting		officeholder living	J expense	
								Jun meening				
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name	0:	ffice sou	aht			Office he	ald.	
	expenditure to benefit C/O		Janaidate/Office	noider Haille	O.	moc sout	9111			Onice III	o.u	
$\vdash$	Date	Г	Payoo nama									
	02/23/2024		Payee name Doordash									
		_				_, _						
	Amount (\$)		Payee address;	3.	State;	Zip Co	de					
	\$59.55		303 2nd Stree	t 8th Floor								
			San Francisco	o, CA 94107			_		_			
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sche	edule)	(b)	Description	_			
	OF EXPENDITURE		Food/Beverag	je Expense							plete Schedule T.	
								Staff meeting		officeholder living	g expense	
								Juli meening				
	Complete ONLY if direct	L	Candidate/Office	holder name	<u> </u>	ffice soug	aht			Office he	eld	
	expenditure to benefit C/O		(0.0000)		O					200 110	= : = :	

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Fil	er ID (Ethics Commission Filers)
	Sch: 15/51 Rpt: 32/68	Childs, Staci D. (The Honorable)	0086453
4	Date	5 Payee name	
	02/12/2024	Doordash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.88	303 2nd Street 8th Floor	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside o	f Texas. Complete Schedule T.
		Staff meeting	certoider living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	DH	
	Date	Payee name	
	02/20/2024	Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.38	303 2nd Street 8th Floor	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside o	f Texas. Complete Schedule T.
		Staff meeting with o	
			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	DH	
	Date	Payee name	
	02/02/2024	Doordash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.19	303 2nd Street 8th Floor	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside o	f Texas. Complete Schedule T. ceholder living expense
		Staff meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
_	expenditure to benefit C/O	DH	

#### 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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 16/51 Rpt: 33/68	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		<u> </u>
	03/11/2024	Doordash		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$106.65	303 2nd Street 8th Floor		
l				
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				Staff meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		agrit	Office field
⊨	Date	D		
	04/22/2024	Payee name Doordash		
L				
l	Amount (\$) \$52.32	Payee address; City; State; Zip Co	oae	
	\$52.32	303 2nd Street 8th Floor		
		05		
L		San Francisco, CA 94107		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Taylor Complete Schodule T
l	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Staff meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	04/22/2024	Doordash		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$69.98	303 2nd Street 8th Floor		
l		San Francisco, CA 94107		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l	EX. ENDITORE			Check if Austin, TX, officeholder living expense
				Staff meeting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
	expenditure to benefit C/OI		agrit	Office field
$\vdash$				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/51 Rpt: 34/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	04/29/2024	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.83	303 2nd Street 8th Floor
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Staff meeting
_	Operation ONE V # discort	One district Office health are asset of the second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	02/05/2024	Double Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.06	303 W 15th
		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
		Session hotel stay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/15/2024	Double Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.82	303 W 15th St
	,	
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel to Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	1

#### 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	ı.
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
L	Sch: 18/51 Rpt: 35/68	Childs, Staci D. (The Honorable)	00086453
4		5 Payee name	
Ļ	02/27/2024	Eventbrite	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,427.02	95 Third Street	
		2nd Floor	
Ļ		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Descriptio	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Austin, TX, officeholder living expense
		Services	fees to use Eventbrite platform.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experiorare to beriefit C/O	1	
	Date	Payee name	
	03/18/2024	Expansive Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.00	405 Main Street	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overhead/Nental Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			arge for rent
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/18/2024	Exxon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.83	3901 OLD SPANISH TRAIL	
		HOUSTON, TX 77021	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel in District	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Gas	Austin, 17, uniceriolider living expense
一	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
ı			

#### SCHEDULE F1

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

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

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

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

	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: 19/51 Rpt: 36/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/03/2024	Exxon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.86	3901 OLD SPANISH TRAIL
		HOUSTON, TX 77021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel from Austin
		Travel Hom Austri
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.71	1 HACKER WAY
		MENLO PARK, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Advertising for documentary
		Advertising for documentary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	01/05/2024	Fahnbulleh, Nahab
	Amount (\$) \$50.00	Payee address; City; State; Zip Code  18202 Thicket Grove Rd
	φ50.00	10202 THICKEL GIOVE RU
		Houston, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff payment
		S.a psys
$\vdash$	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 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

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

	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: 20/51 Rpt: 37/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	01/12/2024	Fahnbulleh, Nahab
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	18202 Thicket Grove Rd
		Houston, TX 77084
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff pymt
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/01/2024	Fahnbulleh, Nahab
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	18202 Thicket Grove Rd
		Houston, TX 77084
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Staff pymt
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/12/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	18202 Thicket Grove Rd
		Hosuton, TX 77084
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Staff pymt
		Stan pyrit
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ı		

### 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	l Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guic	kpense I		pense ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above	·)
1	Total pages Schedule F1:								Filer ID	(Ethics Commission	Filers)
L	Sch: 21/51 Rpt: 38/68	Childs	s, Staci D. (The Honoral	ble)					00086453		
4	Date	<b>5</b> Payee	name								
	01/13/2024	Fahnt	oulleh, Nahab								
6	Amount (\$)	<b>7</b> Payee	address; City;	State;	Zip Cod	de					
	\$800.00	18202	? Thicket Grove Rd								
		Houst	on, TX 77084								
8	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		es/Wages/Contract Lab		,		Check if travel of	outsio	de of Texas. Comp	olete Schedule T.	
	EXI ENDITORE						<b>—</b>	, TX,	officeholder living	expense	
							Staff pymt				
_	Complete ONLY if direct	Condida	to/Officobolder name	<u> </u>	fice cours	nh+			Office he	ıld	
9	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	U11	fice souç	JIIL			Onice ne	iu	
	Date	Payee	name								
	01/27/2024	Fahnl	oulleh, Nahab								
	Amount (\$)	Payee	address; City;	State;	Zip Cod	de					
	\$350.00	18202	? Thicket Grove Rd								
		Houst	on, TX 77084								
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		es/Wages/Contract Lab				<b>=</b>		de of Texas. Comp		
	LA LADITORL						<b>—</b>	, TX,	officeholder living	expense	
							Staff pymt				
	Complete ONLY if direct	Condida	to/Officobolder name	<u> </u>	fice cour	nh+			Office he	ıld	
	Complete ONLY if direct expenditure to benefit C/OH		te/Officeholder name	Off	fice souç	JIIL			Office ne	iu	
_	<u> </u>										
	Date	Payee									
	02/14/2024		oulleh, Nahab								
	Amount (\$)		address; City;	State;	Zip Coo	de					
	\$65.00	18202	? Thicket Grove Rd								
		Lloue	on TV 77094								
	BUDE 2 2 -		on, TX 77084			<i>a</i> .					
	PURPOSE OF		Ory (See Categories listed at the		lule)	(b)	Description  Check if travel of	nutcir	de of Texas. Comp	nlete Schedule T	
	EXPENDITURE	Salari	es/Wages/Contract Lab	oor			ш		officeholder living		
							Staff pymt		·		
	Complete ONLY if direct		te/Officeholder name	Off	fice soug	ght			Office he	ld	
	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: 22/51 Rpt: 39/68	FILER NAME     Childs, Staci D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086453
4	Date 02/15/2024	5 Payee name Fahnbulleh, Nahab	00000433
6	Amount (\$) \$617.00	7 Payee address; City; State; Zip Code 18202 Thicket Grove Rd	
8	PURPOSE OF EXPENDITURE	Galaries/ Wages/ Goritract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/27/2024	Payee name Fahnbulleh, Nahab	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code  18202 Thicket Grove Rd  Houston, TX 77084	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel of this schedule)	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/29/2024	Payee name Fahnbulleh, Nahab	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 18202 Thicket Grove Rd	
		Houston, TX 77084	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	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 Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo

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: 23/51 Rpt: 40/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	03/24/2024	Fahnbulleh, Nahab
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	18202 Thicket Grove Rd
		Houston, TX 77084
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  Staff pymt
		Stan pyrit
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	03/24/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff pymt
		Stan pyrit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/22/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff pymt
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 24/51 Rpt: 41/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	04/03/2024	Fahnbulleh, Nahab
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	18202 Thicket Grove Rd
		Houston, TX 77084
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  Staff pymt
		Stail pyllit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	04/03/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	18202 Thicket Grove Rd
	Ψ33.00	10202 Millionet Grove Nu
		Houston, TX 77084
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/Contract Labor Check if Austin, TX, officeholder living expense
		Staff pymt
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to berieff C/Or	
	Date	Payee name
	04/05/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	18202 Thicket Grove Rd
		Houston, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Staff pymt
		Stan pyrit
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		
_	Tatal manua Cabadula E4.	O FILED MANE
1	Total pages Schedule F1: Sch: 25/51 Rpt: 42/68	2 FILER NAME Childs, Staci D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086453
4	Date	5 Payee name
	04/05/2024	Fahnbulleh, Nahab
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 18202 Thicket Grove Rd  Houston, TX 77084
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff pymt
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/06/2024	Fahnbulleh, Nahab
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	18202 Thicket Grove Rd
		Houston, TX 77084
	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  Staff pymt
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2024	Fahnbulleh, Nahab
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  18202 Thicket Grove Rd
		Houston, TX 77084
	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  Staff pymt
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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 Commi Credit Card Payment		nmittee	Gift/Awards/Memor Legal Services  The Instruction	ials Expense		Expens Wages	se s/Contract Labor		Travel in Distric Travel Out of Di OTHER (enter a		oove)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 26/51 Rpt: 43/68			ci D. (The Ho	norable)					00086453	·	
4	Date	5	Payee name									
	04/14/2024		Fahnbulleh	, Nahab								
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ate; Zip C	ode					
	\$200.00		18202 Thic	ket Grove Rd								
			Houston, T	X 77084								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			ages/Contract		,			outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE							$\Box$	, TX	, officeholder livin	g expense	
								Staff pymt				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name		Office sou	ught			Office h	eld	
-	Dete	Г	_									
	Date		Payee name									
	04/19/2024		Fahnbulleh	, Nanab								
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip C	ode					
	\$500.00		18202 Thic	ket Grove Rd								
			Houston, T	X 77084								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			ages/Contract				Check if travel	outsi	ide of Texas. Con	nplete Schedule T.	
	LAFENDITORE							<b>—</b>	ı, TX,	, officeholder livin	g expense	
								Staff pymt				
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/26/2024		Fahnbulleh	, Nahab								
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip C	ode					
	\$100.00			ket Grove Rd	Ott	лю, <b>2</b> ір О	ouc					
	Φ100.00		10202 11110	ket Glove Ru								
			Houston, T	¥ 7709 <i>1</i>								
							1					
	PURPOSE OF	(a)		ee Categories listed		schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ages/Contract	Labor					de of Texas. Con , officeholder livin	nplete Schedule T.	
								Staff pymt	i, i A,	, onicendider nivin	g expense	
								Clair pyrin				
_	Computate ONU V If allows	Ļ	Sanalide to 10 m	la a la a lale : · · · · ·		O#:	Laulii 4			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	iceholder name		Office sou	ugnt			Office h	eid	
	- Farmana to bonont oron	•										

## SCHEDULE F1

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

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

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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 27/51 Rpt: 44/68	Childs, Staci D. (The Honorable)	00086453				
4	Date	5 Payee name					
	05/01/2024	Fahnbulleh, Nahab					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$100.00	18202 Thicket Grove Rd					
		Houston, TX 77084					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption				
	OF EXPENDITURE	Galaries/Wages/Contract Labor	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense				
		Staff I					
			,				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O						
_	Date	Payee name					
	05/02/2024	Fahnbulleh, Nahab					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	18202 Thicket Grove Rd					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		Houston, TX 77084					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion				
	OF	, , , , , , , , , , , , , , , , , , , ,	ck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense				
		Staff p	pymt				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/07/2024	Fahnbulleh, Nahab					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	18202 Thicket Grove Rd					
		Houston, TX 77084					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri					
	OF EXPENDITURE	Salaries/ Wages/Contract Labor	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense				
		Staff p					
			· · · · ·				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O						
ı							

### 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	l Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/	Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)	
L	Sch: 28/51 Rpt: 45/68	Childs, Sta	aci D. (The Honorable)				(	00086453		
4	Date	5 Payee nam	е							
	05/08/2024	Fahnbulle	h, Nahab							
6	Amount (\$)	7 Payee addı	ress; City;	State; Zip C	ode					
	\$500.00	18202 Thi	cket Grove Rd							
		Houston,	TX 77084							
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description				_
	OF EXPENDITURE		Vages/Contract Labor	,		Check if travel of	outside	e of Texas. Com	plete Schedule T.	
	LA LIBITORE					<b>—</b>	, TX, c	fficeholder living	expense	
						Staff pymt				
_	Complete ONLY if direct	Candidata/O	fficabolder name	Office	liah+			Office he	ald	_
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	uyııl			Onice ne	au	
	Date	Payee nam	e							
	05/18/2024	Fahnbulle	h, Nahab							
	Amount (\$)	Payee addı	ess; City;	State; Zip C	ode					
	\$750.00	18202 Thi	cket Grove Rd							
		Houston,	TX 77084							
	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description				_
	OF EXPENDITURE		Vages/Contract Labor	-,		<b>=</b>			plete Schedule T.	
	LA LIBITORE					ш	, TX, c	fficeholder living	expense	
						Staff pymt				
_	Complete ONLY if direct	Candidata/O	fficeholder name	Office so	labt			Office he	ald	_
	expenditure to benefit C/O		meenoluel Hallie	Onice S0	uyııl			Onice ne	สน	
$\vdash$	Data									=
	Date 05/22/2024	Payee nam								
	05/22/2024	Fahnbulle		<u> </u>						
	Amount (\$)	Payee addi		State; Zip C	ode					
	\$145.00	18202 Thi	cket Grove Rd							
		Houston,	TX 77084							
	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description				٦
	OF EXPENDITURE		Vages/Contract Labor	o oc. loudle)	` ′	Check if travel of			plete Schedule T.	
	EXPENDITURE					_	, TX, c	fficeholder living	expense	
						Staff pymt				
	0. 1. 0	0 "1 : :=	rc	0.00	<u> </u>			0.00		_
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office so	ught			Office he	eia	
										_

### SCHEDULE F1

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			
_	Tatal as a second of Education Education	<u> </u>	_
1	Total pages Schedule F1: Sch: 29/51 Rpt: 46/68	2 FILER NAME Childs, Staci D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086453	
4	Date	5 Payee name	
	05/28/2024	Fahnbulleh, Nahab	
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 18202 Thicket Grove Rd	
		Houston, TX 77084	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff pymt	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Ī
	05/30/2024	Fahnbulleh, Nahab	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	18202 Thicket Grove Rd	
		Houston, TX 77084	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff pymt	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	06/24/2024	Fahnbulleh, Nahab	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	18202 Thicket Grove Rd	
		Houston, TX 77084	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense  Staff pymt	
<u> </u>	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)		
	Sch: 30/51 Rpt: 47/68	Childs, Staci D. (The Honorable) 00086453			
4	Date	5 Payee name			
	05/29/2024	Fahnbulleh, Nahab			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$300.00	18202 Thicket Grove Rd			
		Houston, TX 77084			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Staff pymt			
_	Computate ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OH	the state of the s			
	Date	Payee name			
	06/04/2024	Fahnbulleh, Nahab			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$222.00	18202 Thicket Grove Rd			
		Houston, TX 77084			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Staff pymt			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Data				
	Date 06/04/2024	Payee name  Fahabullah Nahah			
		Fahnbulleh, Nahab			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00	18202 Thicket Grove Rd			
		Houston, TX 77084			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Staff pymt			
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
1	expenditure to benefit C/O	л			
	expenditure to benefit C/OI	лп 			
	expenditure to benefit C/OF	лп 			

## 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 to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/51 Rpt: 48/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	06/08/2024	Fahnbulleh, Nahab
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	18202 Thicket Grove Rd
l		
l		Houston, TX 77084
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Check if Austin, TX, officeholder living expense  Staff pymt
		Stan pyrit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
l	06/11/2024	Fahnbulleh, Nahab
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,000.00	18202 Thicket Grove Rd
l	Ψ1,000.00	10202 Miloket Grove Nu
l		Houston, TX 77084
L	PURPOSE	
l	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff pymt
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	experience to borionic Grou	
l	Date	Payee name
L	06/19/2024	Fahnbulleh, Nahab
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	18202 Thicket Grove Rd
l		
		Houston, TX 77084
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Staff pymt
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/51 Rpt: 49/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	06/24/2024	Fahnbulleh, Nahab
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	18202 Thicket Grove Rd
		Houston, TX 77084
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff pymt
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
L	D-4-	
	Date	Payee name
	02/12/2024	Final Call
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	734 W 79th St
		Chicago, IL 60620
	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
		Documentary editing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/01/2024	Francis, Darryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	2440 Texas Parkway
		St 160
		M- O't. TV 77400
		Mo City, TX 77489
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
		(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
	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.
	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  Staff pymt
	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. Check if Austin, TX, officeholder living expense Staff pymt  Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE  Complete ONLY if direct	(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 Staff pymt  Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE  Complete ONLY if direct	(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 Staff pymt  Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/51 Rpt: 50/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/23/2024	Gates, Thaddeus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.00	9500 West Rd
		1506
		Houston, TX 77064
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Police officer at event
		Tollog officer at event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2024	Guadalupe
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.16	
		TX
	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
		Dinner during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/11/2024	HARDGES, DELAINA
	Amount (\$)	Payee address; City; State; Zip Code
	\$744.00	7100 OLD KATY ROAD
		APT 4304
		HOUSTON, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Staff pymt
		Stan pyriit
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 34/51 Rpt: 51/68	Childs, Staci D. (The Honorable) 00086453
4	Date 01/27/2024	5 Payee name HARDGES, DELAINA
6	Amount (\$) \$558.00	7 Payee address; City; State; Zip Code 7100 OLD KATY ROAD APT 4304 HOUSTON, TX 77024
8	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  Staff pymt
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	HARDGES, DELAINA
	Amount (\$)	Payee address; City; State; Zip Code
	\$930.00	7100 OLD KATY ROAD
		APT 4304
		HOUSTON, TX 77024
	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  Staff pymt
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2024	HARDGES, DELAINA
	Amount (\$) \$558.00	Payee address; City; State; Zip Code 7100 OLD KATY ROAD APT 4304 HOUSTON, TX 77024
	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  Staff pymt
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide expenses	Salaries/V	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM		<u> </u>			3	Filer ID	(Ethics Commission Filers	$\overline{}$
-	Sch: 35/51 Rpt: 52/68		ci D. (The Honorable)					00086453	(Lanes Commission Files)	'
4	Date	5 Payee name								
	03/02/2024	HARDGES	, DELAINA							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$372.00	7100 OLD	KATY ROAD							
		APT 4304								
		HOUSTON	I, TX 77024							
8	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Com		
						_	, TX,	officeholder living	expense	
						Staff pymt				
9	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office sou	ıght			Office he	ld	
	Date	Payee name	!							
	03/02/2024	HARDGES	, DELAINA							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$98.00	7100 OLD	KATY ROAD							
		APT 4304								
			1 TV 77004							
		HOUSTON	I, TX 77024							
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Comp officeholder living		
						Staff pymt	, 1,	, officerolaer living	expense	
						Stan pynnt				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/O		icendider name	Office 300	igiit			Office fic	iu	
_										_
	Date	Payee name								
	03/16/2024	HARDGES	, DELAINA							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$186.00	7100 OLD	KATY ROAD							
		APT 4304								
		HOUSTON	I, TX 77024							
	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
	OF	· ·	ages/Contract Labor	uno sorieduie)	<u> </u>		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	officeholder living	expense	
						Staff pymt				
	Complete ONLY if direct		iceholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	4								

## 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	-	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
_	Sch: 36/51 Rpt: 53/68	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		
	03/22/2024	HARDGES, DELAINA		
6	Amount (\$)	7 Payee address; City; State; Zip (	Code	
	\$198.00	7100 OLD KATY ROAD		
		APT 4304		
		HOUSTON, TX 77024		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Staff pymt
9	Complete ONLY if direct	Candidate/Officeholder name Office s	<u>l</u> ouaht	Office held
	expenditure to benefit C/OI		3	
	Date	Payee name		
	03/28/2024	HARDGES, DELAINA		
	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$744.00	7100 OLD KATY ROAD		
		APT 4304		
		HOUSTON, TX 77024		
	PURPOSE		(h)	Description
	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	Galaries/ Wages/Gorithaet East		Check if Austin, TX, officeholder living expense
				Staff pymt
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office si	ought	Office held
	·			
	Date	Payee name		
	03/11/2024	Hilton		
	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$244.35	160Lamar St		
		Houston, TX 77010		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Tour of the city event for elected officials.
				. a.a. a.a. any arana ioi alaataa amataa.
-	Complete ONLY if direct	Candidate/Officeholder name Office s	ught	Office held
	expenditure to benefit C/OI		-	
	<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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 37/51 Rpt: 54/68	Childs, Staci D. (The Honorable) 00086453
4 Date	5 Payee name
04/08/2024	Honey Farm
6 Amount (\$) \$38.00	7 Payee address; City; State; Zip Code 9322 Bissonnet S  Houston, TX 77074
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel to Austin
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2024	Hotel Indigo
Amount (\$) \$367.00	Payee address; City; State; Zip Code 325 N Kansas St
	El Paso, TX 79901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel Stay
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2024	Houston Health Department
Amount (\$) \$22.50	Payee address; City; State; Zip Code 8000 N Stadium Dr
	Houston, TX 77054
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  Event venue
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Ļ	T. 1 0 1 1 54	la ======	<u> </u>	13 11000 10 00	Jilipit		1_	E'' 15	(Ethio O Eth	
	Total pages Schedule F1: Sch: 38/51 Rpt: 55/68		ici D. (The Honorable)				3	Filer ID 00086453	(Ethics Commission Filers)	
4	Date	5 Payee nam	 e				_			
	02/02/2024	Hula Hut								
6	Amount (\$)	<b>7</b> Payee addr	ess; City; Sta	te; Zip Co	ode					
	\$46.64	3825 Lake	Austin Blvd							
		Austin, TX	78703							
8	PURPOSE		See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			=			mplete Schedule T.	
						ш.		, officeholder livi	ng expense	
						Food in Aust	111			
L										
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office	neld	
	Date	Payee nam	<del></del>							_
	05/18/2024	Juicy Crav	<i>r</i> fish							
H	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	ode					_
	\$101.89	6120 Scot	•	o,p o	000					
	Ψ101.09	0120 3000	1.31							
		Houston, 1	X 77021							
	PURPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			<b>=</b>			mplete Schedule T.	
						ш	ı, TX	, officeholder livi	ng expense	
						Staff dinner				
L										
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office	neld	
F	Date	Payee nam	<del></del>							
	02/20/2024	Kroger								
H	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	nde					
	\$68.47	1801 S Vo		.tc, 2ip 0t	ouc					
	Ψ00.47	10013 0	33 I\u							
		Houston, 7	X 77057							
H	PURPOSE	(a) Category	See Categories listed at the top of this	schodulo)	(b)	Description				
	OF		erage Expense	scrieduic)	l` ′		outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE	1 334,231	rage =/iperies			Check if Austin	n, TX	, officeholder livi	ng expense	
						Juice for doc	um	entary		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office	neld	
$\vdash$										
L										
Fo	rms provided by Texas E	thics Commiss	sion www.ethic	s.state.tx.ı	us				Version V4.1.0.d378a	ba0

## 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District

	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: 39/51 Rpt: 56/68	Childs, Staci D. (The Honorable) 00086453						
4	Date	5 Payee name						
	04/10/2024	Leadership for Educational Equity						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$250.00	1805 7th Street						
		6th Floor						
		Washington, DC 20001						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
	-	Check if Austin, TX, officeholder living expense Political consulting						
		Folitical consulting						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
_	Data							
	Date	Payee name						
	01/31/2024	Lyft						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$20.97	185 Berry St						
		Suite 400						
		San Fransisco, CA 94103						
	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						
		Rideshare						
		Triadonial o						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
	Date	Payee name						
	02/01/2024	Lyft						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$8.68	185 Berry Street						
	Ψ0.00	Suite 400						
		San Francisco, CA 94107						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Rideshare						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 40/51 Rpt: 57/68	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		·
	06/08/2024	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Coc	de	
	\$29.28	185 Berry Street		
		San Francisco, TX 94107		
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
				Rideshare to hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	06/07/2024	Lyft		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$2.00	185 Berry Street		
		Suite 400		
		San Francisco, TX 94107		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense  Rideshare to hotel
				Ridesilate to flotei
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		,	Cinco nota
	Date	Payee name		
	06/07/2024	Lyft		
	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$24.89	185 Berry Street		
	,_,,,,	Suite 400		
		San Francisco, TX 94107		
	PURPOSE		(h)	Description
	OF	Travel Out of District	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if Austin, TX, officeholder living expense
				Rideshare
				- <del></del>
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/51 Rpt: 58/68	Childs, Staci D. (The Honorable)		00086453
4	Date	5 Payee name		
	02/11/2024	MJ, Tucker		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$150.00	3328 Myrtle Ave		
		Las Vegas, NV 89102		
8	PURPOSE OF	2 (	b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Editing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialiture to benefit C/Oi	1		
	Date	Payee name		
	02/14/2024	Maxs Wine Dive		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$84.30	4720 Washington Ave		
		Suite B		
		Houston, TX 77007		
	PURPOSE OF	2 (	b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meet with new staffer
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/24/2024	Medina, Hector		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$225.00	16827 Ivy Wild Lane		
		Houston, TX 77095		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Documentary DJ
				,
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Magne) (Contract Labor

Expense Travel in Distri
Expense Travel Out of E
s/Wages/Contract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guid	Salaries	/Wages	s/Contract Labor		OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 42/51 Rpt: 59/68	Childs, Sta	ci D. (The Honorab	ole)				00086453	
4	Date	5 Payee name							
	02/15/2024	Nations Tee	es						
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode				
	\$650.00	303 Memor	ial City Way						
		Houston, T	X 77024						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	nse					de of Texas. Com officeholder living	nplete Schedule T.
						$\Box$			ırchased tickets over
						\$100.00	•	aalo mio pe	aronacoa nonoto ovor
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office h	eld
	experialitare to belieff of or								
	Date	Payee name							
	02/23/2024	NeSmith, A	shley						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$100.00	2232 Bonni	ewood Drive						
		Marietta, G	A 30064						
	PURPOSE OF		ee Categories listed at the t		(b)	Description			
	EXPENDITURE	Salaries/Wa	ages/Contract Lab	or		<b>=</b>		de of Texas. Com officeholder living	nplete Schedule T.
						Editing	, 17.,	omeendael iiviii	у схропос
						J			
	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	H			Ü				
	Date	Payee name							
	04/08/2024	Parkwhiz							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$22.60	208 S Jeffe							
	, 100	Ste 403							
		Chicago, IL	60661						
	PURPOSE				(h)	Docorintian			
	OF	Travel Out	ee Categories listed at the t	op of this schedule)	(0)	Description Check if travel of	outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE	Traver out	or District			<b>=</b>		officeholder living	
						Parking			
L									
	Complete ONLY if direct		ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	1							

## SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/51 Rpt: 60/68	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/12/2024	Phillps, Joshua
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	7636 Harwin Dr
		Unit C304
		Houston, TX 77006
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  Photos for school event
	l	Thous for school event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	Phillps, Joshua
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7636 Harwin Dr
		Unit C304
		Houston , TX 77006
	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.
	LA LIBITOTE	Check if Austin, TX, officeholder living expense
	!	Pictures for documentary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/31/2024	Punchbowl
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.24	50 Speen Street
		Suite 202
		Framingham, MA 01701
	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  Mass invitations for documentary
		wass invitations for documentary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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		
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 44/51 Rpt: 61/68	Childs, Staci D. (The Honorable)	
4	Date	5 Payee name	
	02/29/2024	Punchbowl	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$108.24	50 Speen Street	
		Suite 202	
		Framingham, MA 01701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		For documentary	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	=
	04/01/2024	Punchbowl	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$108.24	50 Speen Street	
		Suite 202	
		Framingham, MA 01701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		For documentary	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<b>1</b>	
	Date	Payee name	
	01/24/2024	STARBUCKS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1938 WEST GRAY STREET	
		HOUSTON, TX 77019	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Coffee meeting	
		Conce meeting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
	•		_

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/P Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ove Polling Ex ense Printing E. Salaries/V	kpense /ages/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense		
1. Total manage Cabadula	-1. <b>12.</b> FILED NA				3 Filer ID	(Ethica Commission Filoro)		
1 Total pages Schedule Sch: 45/51 Rpt: 62/	1	Childs, Staci D. (The Honorable)				(Ethics Commission Filers)		
4 Date	5 Payee nan	ne			I			
01/19/2024	STARBU							
<b>6</b> Amount (\$) \$15.		ress; City; ST GRAY STREET N, TX 77019	de					
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top erage Expense		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense				
Complete ONLY if dire expenditure to benefit (		officeholder name	Office sou	ght	Office he	eld		
Date	Payee nan	ne						
01/22/2024	STARBU	CKS						
Amount (\$)	Payee add	ress; City;	State; Zip Co	de				
\$10.00 1938 WEST GRAY STREET								
	HOUSTO	N, TX 77019						
EXPENDITURE 1 1 000/Develoge Expense					outside of Texas. Comp , TX, officeholder living NG			
Complete ONLY if dire expenditure to benefit		Officeholder name	Office sou	ght	Office he	eld		
Date	Payee nan	пе						
01/18/2024	Savoir							
Amount (\$) Payee address; City; State; Zip Code \$77.12 1344 Yale St								
	Houston,	TX 77008						
PURPOSE OF EXPENDITURE	<b>I</b>	(See Categories listed at the toperage Expense	p of this schedule)	Check if Austin	outside of Texas. Comp , TX, officeholder living Other elected o	expense		
Complete <u>ONLY</u> if dire expenditure to benefit (		Officeholder name	Office sou	ght	Office he	eld		

### 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
Frinting Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 46/51 Rpt: 63/68	Childs, Staci D. (The Honorable) 00086453						
4	Date	5 Payee name						
	01/18/2024	Savoir						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$90.23	1344 Yale St						
		Houston, TX 77008						
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						
		Meeting with other elected official						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	01/30/2024	Shake Shack						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$72.37	6205 Kirby Dr						
		Houston, TX 77005						
	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  Staff meeting						
		otal meeting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	<del>1</del>						
	Date	Payee name						
	06/07/2024	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$352.96	2702 Love Field Dr						
		Dallas, TX 75235						
	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 Flight to El Paso						
		Tright to Err aso						
	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 -Candidate/Officeholder/Political Committe

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 47/51 Rpt: 64/68	Childs, Staci D. (The Honorable) 00086453				
4	Date	5 Payee name				
	02/12/2024	Starbucks				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$40.00	303 2nd Street 8th Floor				
		San Francisco, CA 94107				
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  Staff meeting				
		Stan meeting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
$\vdash$	Data	David and the second se				
	Date	Payee name Tagte Kitchen				
	05/08/2024	Taste Kitchen				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$125.70	420 Main St				
		Houston, TX 77002				
	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.				
		Constituents dinner				
		Constituents diffici				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH						
-	Date	Payee name				
	02/23/2024	The Deluxe Theater				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	3303 Lyons Ave				
		Houston, TX 77020				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Event space rental				
	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					
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
_	Sch: 48/51 Rpt: 65/68	Childs, Staci D. (The Honorable)  00086453				
4	Date	5 Payee name				
	04/24/2024	Tucker, Tashiana				
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 405 Main Street  Houston, TX 77702				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor				
	EXPENDITURE	Check if Austin, TX, officeholder living expense Help staff political activities				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/09/2024	Tucker, Tashiana				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	405 Main Street				
		Houston, TX 77702				
	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				
		Help staff political events				
		rieip stait political events				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/12/2024	Veed Limit				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$38.00	Bush House 30				
	,					
		Alych Alych SS7 5HB United Kingdom				
	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				
		Documentary Editing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L		<u> </u>				
l						

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se	ds/Memorials Expenservices extruction Guide exp	Salaries/\	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
1	Total pages Schedule F1: Sch: 49/51 Rpt: 66/68						Filer ID 00086453	(Ethics Commission	on Filers)		
4	Date 02/01/2024	5	Payee name Westin				•				
6	Amount (\$) \$45.56	7	Payee address; 310 East 5th St Austin, TX 78701	City;	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Food/Beverage Ex		this schedule)	(b)	<b>-</b>	, TX,	de of Texas. Com officeholder livinç	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholde	er name	Office sou	ight			Office he	eld	
	Date 05/31/2024 Amount (\$) \$14.48		Payee name Whatburger Payee address; 601 Barton Spring Austin, TX 78704	<i>,</i>	State; Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Travel Out of Distr		this schedule)	(b)	<b>=</b>	, TX,	officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholde	er name	Office sou	ıght			Office he	eld	
	Date 01/05/2024 Amount (\$)		Payee name Wings 87 Payee address;	City;	State; Zip Co	ode					
	\$47.35		3729 W Alabama Suite C Hosuton, TX 7702								
_	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Food/Beverage Ex		this schedule)	(b)	<u> </u>	, TX,	de of Texas. Com officeholder livinç	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholde	er name	Office sou	ight			Office he	eld	
		_									

## 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 Salarice Magnet/Contract Labor

	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: 50/51 Rpt: 67/68	Childs, Staci D. (The Honorable) 00086453						
4	Date	5 Payee name						
	02/12/2024	Wondershare						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$72.94	Shenzhen						
		10th Floor						
		Hatian Hatian 2nd Rd Nanshan China						
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						
		Documentary editing						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	02/05/2024	Zoom						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$14.49	55 Almaden Blvd						
		Suite 600						
		San Jose, CA 95113						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
	LAI LINDITORE	Check if Austin, TX, officeholder living expense						
		Zoom meeting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	03/04/2024	Zoom						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$14.49	55 Almaden Blvd						
		Suite 600						
		San Jose, CA 95113						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Zoom meeting						
_	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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 51/51 Rpt: 68/68	Childs, Staci D. (The Honorable) 00086453					
4	Date	5 Payee name					
	04/04/2024	Zoom					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$17.05	55 Almaden Blvd					
		Suite 600					
		San Jose, CA 95113					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	1 <b>-</b>				
		Check if Austin, TX, officeholder living expense  Zoom Meeting					
		20011 Weeting					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						
_	Date	Payee name	=				
	05/06/2024	Zoom					
	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$17.05	55 Almaden Blvd					
	411.00	Suite 600					
		San Jose, TX 95113					
	PURPOSE		_				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Zoom meetings					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	<b>-</b>					
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