FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084566 72 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Carvana NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Cloud CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 850 West Little York Road MAILING Amount Receipt # **ADDRESS** Suite B Change of Address Houston, TX 77091 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Quinniece NAME NICKNAME LAST **SUFFIX** Chambers STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 2311 Cezanne Cir **ADDRESS** (Residence or Business) Missouri City, TX 77459 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 312-8508 **PHONE**

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

01/01/2024

Year

Year

July 15

Х

Month

Month

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

Primary

X General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

488th

Day

06/30/2024

12 OFFICE SOUGHT (if known)

reporting limit

15th day after campaign treasurer appointment (officeholder only)

Final Report (Attach C/OH-FR)

Year

Other

Criminal District Court Judge Place Houston District

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 72

13 C / OH NAME	Cloud, Carvana (Ms.)		14 Filer ID 00084566	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political 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		
, additionary ages	GENERAL	Committe For A Safer America PAC		
	D SENERALE	COMMITTEE ADDRESS		
	X SPECIFIC			
		TX 77494		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Munguia, Richard		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		TX		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 20,670.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 18,077.77
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 5,578.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 1,781.02
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Il information required t	companying report is o be reported by me
		Ms	. Carvana Cloud	
		Signature of	Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C(OVE	R SHEET PG 3 3 of 72
	ER NAN	ME arvana (Ms.)	19 Filer ID 00084566	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE		<u> </u>	SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	20,670.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	1,100.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	18,077.77
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	· 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 1/31 Rpt: 4/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 01/19/2024			7	Amount of Contribution (\$) \$10.00	
		Desoto, TX 75115		_		
8		Principal Occupation		9 Contributor's Job Title		
	Accountant			Accountant		
10	Contributor's e Retired	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	06/13/2024	Aiko, Sayiba Contributor address; City;	State; Zip Code			\$10.00
		San Ysidro, CA 92173				
		Principal Occupation		Contributor's Job Title		
	Life Coach			Life Coach		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Integr8 Lyfe					
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/13/2024	Baggett, Antrece	_			\$50.00
		Contributor address; City; Pearland, TX 77584	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Educator			Educator		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	HCC					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/31 Rpt: 5/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 06/27/2024 5 Full name of contributor out-of-state PAC (ID#:) Bankett, Stephanie 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$700.00			
Ļ		Houston, TX 77088		I		
8	Realtor	Principal Occupation		9 Contributor's Job Title Realtor		
10		and a conflored finance				and (if any)
10	Self employe	employer/law firm ed		11 Law firm of contributor's sp	oous	se (IT any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/13/2024	Beck, Deborah Contributor address; City; Sugarland, TX 77478	State; Zip Code		•	\$250.00
_	Contributorio	_		Contributor's Job Title		
	Retired Attor	Principal Occupation		Retired Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/13/2024	Bell, Tempestt	_			\$25.00
		Contributor address; City; Houston, TX 77027	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u>' </u>	
	Rail planner			Rail planner		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Shell Chemi	cal				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/31 Rpt: 6/72
2	FILER NAME		3 Filer ID (Ethics Commission Filers) 00084566	
4	Date 06/14/2024	5 Full name of contributor out-of-state PAC (ID#: Bennett, Arnissa 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$50.00
		Houston, TX 77047		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Paralegal /P	ractice Assistant	Paralegal /Practice Ass	sistant
10	Contributor's (employer/law firm	11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (if any)		
L	Data			Assessment Countribution (ft)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/28/2024	Bennett, Herman		\$50.00
		Contributor address; City; State; Zip Code Houston, TX 77009		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	Self		Self	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	HB technolo	gies		
	If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	06/13/2024	Berg, Thomas		\$100.00
		Contributor address; City; State; Zip Code		
		HOUSTON, TX 77006		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	Lawyer		Lawyer	
		employer/law firm	Law firm of contributor's s	pouse (if any)
	Self			
	If contributor i	s a child, law firm of parent(s) (if any)		

MONET	ARY POLITICAL CON	NTRIBUTIONS	SCHEDULE A(J)1
The Instruc	tion Guide explains how to c	complete this form.	1 Total pages Schedule A(J)1: Sch: 4/31 Rpt: 7/72
2 FILER NAME Cloud, Carva	na (Ms.)		3 Filer ID (Ethics Commission Filers) 00084566
4 Date 06/18/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$50.00
	Houston, TX 77049		
8 Contributor's P Manager	rincipal Occupation	9 Contributor's Job Title Manager	
10 Contributor's e	nployer/law firm	11 Law firm of contributor's	s spouse (if any)
	a child, law firm of parent(s) (if any)	L	
Date 06/14/2024	Full name of contributor on one of contributor on one of contributor address; City; State; Z	ut-of-state PAC (ID#:) iip Code	Amount of Contribution (\$) \$100.00
	Humble, TX 77396		
Contributor's P retired	rincipal Occupation	Contributor's Job Title retired	
	mployer/law firm	Law firm of contributor's	s snouse (if any)
n/a			
If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor 0	ut-of-state PAC (ID#:)	Amount of Contribution (\$)
06/18/2024	Carrington, LaTonya		\$250.00
	Contributor address; City; State; Z	ip Code	
	Houston, TX 77238	T	
Contributor's P Office Manag	rincipal Occupation	Contributor's Job Title Office Manager	
	mployer/law firm	Law firm of contributor's	s spouse (if any)
QSS	npoyonan iiiii		(a.y)
If contributor is	a child, law firm of parent(s) (if any)	l l	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 5/31 Rpt: 8/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$500.00		
		Missouri City, TX 77459				
8		Principal Occupation		9 Contributor's Job Title		
40	Lawyer	and a second and form		Lawyer		and the sun of
10		employer/law firm ices of Wilvin J. Carter PC		11 Law firm of contributor's sp	oous	se (IT any)
12		s a child, law firm of parent(s) (if	any)			
	Dete	Full control of control of the state of the			_	American of Occasionations (d)
	Date 01/19/2024	Full name of contributor Chambers, Quinniece Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
		Missouri City, TX 77459		1		
	Finance Sup	Principal Occupation		Contributor's Job Title Finance Supervisor		
		employer/law firm		Law firm of contributor's sp	2011	co (if amy)
	Chevron	employer/law lillii		Law iiiiii oi continuttoi 3 3	Jou	se (ii aiiy)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	I	Amount of Contribution (\$)
	06/13/2024	Chester, Camelia	_			\$50.00
		Contributor address; City; S Houston, TX 77064	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	None					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how t	o complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/31 Rpt: 9/72	_
2	FILER NAME Cloud, Carva				3 Filer ID (Ethics Commission Filers) 00084566	
4	Date 06/18/2024			7 Amount of Contribution (\$) \$100.0	– ၁	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		_
	Pastor			Pastor		
10	Contributor's of Greater Shile	employer/law firm oh TMBC		11 Law firm of contributor's sp	spouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any	()			_
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	=
	06/13/2024	Cleggett, Dejean Contributor address; City; State Missouri City, TX 77459	e; Zip Code		\$100.0)
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	The Clegget	t Law Firm, PLLC				
	If contributor is	s a child, law firm of parent(s) (if any	<i>(</i>)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	05/20/2024	Committee For A Safer Ame Contributor address; City; State Katy, TX 77494			\$2,500.0)
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Contributors	ттера Оссиранот		Contributor 3 30b Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any	()			_
						_

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 7/31 Rpt: 10/72	=
2	FILER NAME Cloud, Carva				3 Filer ID (Ethics Commission Filers) 00084566	
4	Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$50.0	–		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1	_
	Retired Tead	cher		Retired Teacher		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any	у)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	02/24/2024	Corrales, Sonia Contributor address; City; Stat Houston, TX 77062	_		\$100.0)
	Contributor's F	I Principal Occupation		Contributor's Job Title	·L	-
	Non profit ex			Non profit executive		
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any	y)			_
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	04/19/2024	Cortes, Eduardo Contributor address; City; Stat Houston, TX 77076	e; Zip Code		\$250.0)
	Contributor's I	Principal Occupation		Contributor's Job Title	•	_
	Attorney			Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any	y)			
						_

	MONET	ARY POLITICAL CON	NTRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to c	complete this form.	1 Total pages Schedule A(J)1: Sch: 8/31 Rpt: 11/72
2	FILER NAME	(44.)	3 Filer ID (Ethics Commission Filers)	
	Cloud, Carv	ana (Ms.)		00084566
4	Date	,	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	06/13/2024	Davis, LeTesha		\$50.00
		6 Contributor address; City; State; Z	Zip Code	
		Youngsville, LA 70592		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Advocacy		Advocacy	
10		employer/law firm	11 Law firm of contributor's	spouse (if any)
	Ujima			
12	If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor 0	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/13/2024	Dixon, Christie		\$25.00
		Contributor address; City; State; Z	Zip Code	···
		, , , , , , , , , , , , , , , , , , , ,		
		Houston, TX 77069		
	Contributor's	I Principal Occupation	Contributor's Job Title	_ L
	Ex Assistant		Ex Assistant	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	PBF Energy			
	If contributor i	s a child, law firm of parent(s) (if any)	<u>'</u>	
	Date	Full name of contributor 0	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/19/2024	Dixon, Tonya		\$100.00
		Contributor address; City; State; Z	Zip Code	···[
		Houston, TX 77044		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Educator Ad	ministration	Educator Administration	on
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	Dominion P	eparatory School & CDC		
	If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 9/31 Rpt: 12/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	01/14/2024 Ecklund, Michol 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
Ļ	Caratuila utaula I	Houston, TX 77005		O Constributoulo Job Title		
8		Principal Occupation		9 Contributor's Job Title		
40	lawyer			lawyer		- CF N
10	Callon Petro	employer/law firm leum		11 Law firm of contributor's sp	ous	se (II any)
12	! If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/25/2024	Ewens, Kerry Contributor address; City; Missouri City, TX 77459				\$25.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
		Worker/Therapist		Lead Social Worker/The	erai	oist
-		employer/law firm		Law firm of contributor's sp		
		thodist Hospital		· ·		
		s a child, law firm of parent(s) (if	f any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Τ	Amount of Contribution (\$)
	06/13/2024	Frizell, Elizabeth	out of state 1710 (IBM.			\$100.00
		Contributor address; City; Dallas, TX 75203	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Burt Barr & A	Associates				
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 10/31 Rpt: 13/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	4 Date 06/18/2024 5 Full name of contributor out-of-state PAC (ID#:) Gilmore`, Alcenia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		Beaumont, TX 77701				
8		Principal Occupation		9 Contributor's Job Title		
	Disability Se			Disability Services		
10	Contributor's e Independent	employer/law firm Contractor		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
		4-7(3,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	01/18/2024	Guy, Paula Contributor address; City;	State; Zip Code			\$100.00
		Houston, TX 77054				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Legal			Legal		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Torticity		:)			
	if contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/19/2024	HERRON, DELISE		,		\$100.00
		Contributor address; City;	State; Zip Code			
L	Contributor's	Houston, TX 77088 Principal Occupation		Contributor's Job Title		
	RETIRED	-Tiricipal Occupation		RETIRED		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		SON CANCER HOSPITAL		· ·		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/31 Rpt: 14/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 06/18/2024	/2024 Hardin, Russell 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77005				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10		employer/law firm n & Associates, LLP.		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
	. II continuator i	o a crima, law initi of parerit(o) (ii	ully)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	06/13/2024 Hicks, Kim			\$100.00		
	Contributor address; City; State; Zip Code			-	¥	
		Continuator address, Grey,	State, 21p 3000			
		Missouri City, TX 77459				
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Sales			Sales		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Exeltis					
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	01/15/2024	Howe, Katherine		·		\$100.00
		Contributor address; City;	State; Zip Code		1	
		, ,,	· •			
		Marblehead, MA 01945				
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Writer			Writer		
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/31 Rpt: 15/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 06/13/2024	5 Full name of contributor Howe, Katherine6 Contributor address; City; \$	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Marblehead, MA 01945				
8		Principal Occupation		9 Contributor's Job Title		
	Writer			Writer		
10	10 Contributor's employer/law firm Self 11 Law firm of contributor's sp			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/11/2024 Hughes, Dallas Contributor address; City; State; Zip Code			\$100.00		
		Houston, TX 77074		1		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		- (#)
	Self	employer/law firm		Law firm of contributor's sp	Jous	se (II dily)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/19/2024	Hunter, Marvalette				\$100.00
		Contributor address; City; S Houston, TX 77069	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Self			Self		
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	Huntjon, LLC					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/31 Rpt: 16/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 06/13/2024	5 Full name of contributor Idlebird, CAROLYN6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$15.00
		HOUSTON, TX 77088				
8		Principal Occupation		9 Contributor's Job Title		
		cle Specialist		Revenue Cycle Special		
10	10 Contributor's employer/law firm Boston Scientific 11 Law firm of contributor's sp			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	ı		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	06/13/2024	JOHNSON, VINCENT Contributor address; City;	<u> </u>			\$100.00
		Spring, TX 77379				
		Principal Occupation		Contributor's Job Title		
	Police Office			Police Officer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	City of Hous	s a child, law firm of parent(s) (if	i anu)			
	ii contributor i	s a cilliu, iaw iiriii oi parerii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/13/2024	Johnson, Jules				\$250.00
		Contributor address; City; Houston, TX 77021				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/31 Rpt: 17/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 01/18/2024	5 Full name of contributor Johnson, Melanie6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Houston, TX 77004				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	President an	nd CEO		President and CEO		
10	10 Contributor's employer/law firmCollaborative for Children11 Law firm of contributor's specific contributor's specific contributor.			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
-	Date	Full name of contributor	Out of state BAC (ID#:	,	Т	Amount of Contribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:) 02/13/2024 Johnson, Sheryl Contributor address; City; State; Zip Code			\$50.00		
		Spring, TX 77379				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Grantwriter			Grantwriter		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)
	06/17/2024	Keels, Shannon	out of state (No (ID#.	<i></i>		\$100.00
		Contributor address; City; Houston, TX 77038	State; Zip Code			
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Truck Driver	·		Truck Driver		
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	PowerPoint	Transports				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 15/31 Rpt: 18/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 06/18/2024	/2024 Kirby, Cedric 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		Houston, TX 77053		T		
8		Principal Occupation		9 Contributor's Job Title		
40	Retired Retired					and the sun of
10	LO Contributor's employer/law firm None 11 Law firm of contributor's sp			ous	se (IT any)	
12		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , , ,	,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	01/19/2024 Kohnert, Peggie			\$250.00		
		Contributor address; City;	State; Zip Code		1	
		, ,,				
		Houston, TX 77098				
_	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Realtor	molpai Goodpaion		Realtor		
_		employer/law firm		Law firm of contributor's sp	oous	se (if anv)
		ed with Keller Williams				
-	If contributor is	s a child, law firm of parent(s) (i	f any)			
			,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	06/13/2024	Krist, Kim				\$100.00
		Contributor address; City;	State: Zip Code		1	
		Houston, TX 77062				
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Self			Self		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)	l		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 16/31 Rpt: 19/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 01/12/2024	2/2024 Lamb, Maurice 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00	
		Houston, TX 77007				
8		Principal Occupation		9 Contributor's Job Title		
	Tax lawyer			Tax lawyer		
10	10 Contributor's employer/law firmSelf employed11 Law firm of contributor's sp			oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/24/2024 Lamb III, Maurice Contributor address; City; State; Zip Code			-	\$25.00	
		Houston, TX 77007				
		Principal Occupation		Contributor's Job Title		
	Tax lawyer			Tax lawyer		and the sun of
	Self employe	employer/law firm		Law firm of contributor's sp	Jous	se (II arry)
		s a child, law firm of parent(s) (i	f any)			
	ii continuator i	o a crima, law iirir or parcrit(o) (i	, arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	01/18/2024	Lander, Nicole				\$100.00
		Contributor address; City; Pearland, TX 77584	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Nonprofit Ex	·		Nonprofit Executive		
	•	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Houston Foo					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 17/31 Rpt: 20/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 03/19/2024	3/19/2024 Lee, Sonya 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		Goodlettesville, TN 370	72			
8		Principal Occupation		9 Contributor's Job Title		
	Educator Educator					
10	10 Contributor's employer/law firmHoney Bear LLC11 Law firm of contributor's sp			oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (i	fany)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/20/2024	Lewis, Chelsea Contributor address; City; Porter, TX 77365	State; Zip Code			\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Teacher	тпісіраї Оссираціон		Teacher		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/18/2024	Lindgren, Jon Contributor address; City;	State; Zip Code			\$100.00
	0	Sugar Land, TX 77498		I 0 17 1 1 1 7 1		
		Principal Occupation		Contributor's Job Title Video Producer		
_				20116	co (if any)	
	Lindgren Me			Law firm of contributor's sp	Jous	se (II ally)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 18/31 Rpt: 21/72
2	FILER NAME				3 Filer ID (Ethics Commission Filers) 00084566
4	Date 06/13/2024	5 Full name of contributor Lindsey, William	out-of-state PAC (ID#:	·	7 Amount of Contribution (\$) \$25.00
		Spring, TX 77388			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Law Enforcement Law Enforcement				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (i	f any)		
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Amount of Contribution (\$)
	06/25/2024	Littlejohn, Bill	Uni-or-state PAC (ID#.	J	\$250.00
	00/23/2024	Contributor address; City;	State: 7in Code		
		Houston, TX 77027			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Judge			Judge	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
		s a child, law firm of parent(s) (i	f any)	ı	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/18/2024	Looke, Carole			\$5,000.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77024			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Part Owner			Part Owner	
		employer/law firm		Law firm of contributor's s	pouse (if any)
		nd Gas Corporation			
	If contributor i	s a child, law firm of parent(s) (i	f any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 19/31 Rpt: 22/72
2	FILER NAME				3 Filer ID (Ethics Commission Filers) 00084566
4	Date 06/13/2024	5 Full name of contributor Miller, Stephanie	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$25.00
		Houston, TX 77096			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	•
	Psychotherapist Psychotherapist				
10	Contributor's Self	employer/law firm		11 Law firm of contributor's s	pouse (if any)
10		a a shilled lave firms of managet(a) (i	f a.a. A		
12	z II contributor i	s a child, law firm of parent(s) (i	rany)		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/27/2024	Mills, Joe			\$150.00
		Contributor address; City;	State: Zip Code		·· ·
			otato, z.p oodo		
		Houston, TX 77091			
-	Contributor's	Principal Occupation		Contributor's Job Title	
	Dentist			Dentist	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Self employ				,
		s a child, law firm of parent(s) (i	f anv)	<u> </u>	
		- a. a	,,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	06/13/2024	Mitchell, Norman			\$100.00
		Contributor address; City;	State; Zip Code		·· <mark>·</mark>
		Missouri City, TX 77489			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Healthcare a	administration		Healthcare administrat	ion
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Bee Busy W	ellness Center			
	If contributor i	s a child, law firm of parent(s) (i	f any)	•	
l					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 20/31 Rpt: 23/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 06/18/2024	5 Full name of contributor Mosley, Candace6 Contributor address; City; 9	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Alexandria, VA 22314				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	LO Contributor's employer/law firm Self 11 Law firm of contributor's sp			ous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/27/2024	Muldrow, Loretta Contributor address; City; \$	State; Zip Code			\$500.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		of the same
	Self employe	employer/law firm		Law firm of contributor's sp	ous	se (II any)
		s a child, law firm of parent(s) (if	anv)			
	ii continuator i	o a crima, law iiriri or parcria(e) (ii	cary)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/18/2024	Murray, Gladys				\$15.00
		Contributor address; City; S Houston, TX 77022	State; Zip Code			
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Macy's					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 21/31 Rpt: 24/72
2	FILER NAME				3 Filer ID (Ethics Commission Filers) 00084566
4	Date 06/19/2024	5 Full name of contributor Nunnery, Alvin	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$500.00
		Houston, TX 77002			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (i	if any)	<u>l</u>	
		T			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/18/2024 Patel, Sadaf				\$25.00
		Sugarland, TX 77479			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Social worke	er		Social worker	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Annisa hope	e center			
	If contributor i	s a child, law firm of parent(s) (i	f any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/13/2024	Randall, Allison	_		\$50.00
		Contributor address; City;	State; Zip Code		
		Washington, DC 20009			
		Principal Occupation		Contributor's Job Title	
	Public Policy			Public Policy	
	Contributor's (Federal Gov	employer/law firm vernment		Law firm of contributor's s	pouse (if any)
		s a child, law firm of parent(s) (i	if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 22/31 Rpt: 25/72
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 04/20/2024	7/2024 Reed, Derrick 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00	
		Pearland, TX 77584				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm Stephens Reed & Armstrong, PLLC			oous	se (if any)	
12		s a child, law firm of parent(s) (i	f any)			
12	in continuator is	s a cilliu, law littii oi paretii(s) (i	i aliy)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/29/2024 Rife, Audrey Contributor address; City; State; Zip Code			\$100.00		
		Spring, TX 77389				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Investigator			Investigator		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Harris Count					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	01/28/2024	Roberts, Brian				\$250.00
		Contributor address; City; Humble, TX 77338	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer	molpai occupation		Lawyer		
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	Self	•				
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete tl	his form.	1 Total pages Schedule A(J)1: Sch: 23/31 Rpt: 26/72
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Cloud, Carv	ana (Ms.)		00084566
06/18/2024 Robe		Roberts, Caitlyn	berts, Caitlyn	
		Houston, TX 77096		
8	Contributor's	T Principal Occupation	9 Contributor's Job Title	
	IT Project M	anager	IT Project Manager	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Caitlyn Robe	erts		
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of Contribution (\$)
	06/13/2024	Rosier, Chelsey		\$50.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		Houston, TX 77055		
		Principal Occupation	Contributor's Job Title	
	Basketball C	Coach	Basketball Coach	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of Contribution (\$)
	06/13/2024	Russell, Dwantrina		\$50.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77029		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Executive D	irector	Executive Director	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Gustavia Pe	arls Women's Outreach		
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 24/31 Rpt: 27/72		
2	FILER NAME Cloud, Carva	NAME 3 Carvana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$25.00		
		Cypress, TX 77433				
8		Principal Occupation		9 Contributor's Job Title		
_	Retired			Retired		
10		employer/law firm ice Department		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
12	. II CONTINUATOR II	s a crimu, faw iiriri or parerii(s) (i	i arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	01/20/2024	Seastrunk, Vee				\$25.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77222				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Disable			Disable		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Unemployed					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/13/2024	Seastrunk, Vee	_			\$40.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77222				
	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Disable			Disable		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Unemployed					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
<u> </u>						

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Fotal pages Schedule A(J)1 Sch: 25/31 Rpt: 28/72	.:
2	FILER NAME				3 F	Filer ID (Ethics Commission	on Filers)
	Cloud, Carva	ana (Ms.)				00084566	
4 Date 06/18/2024		5 Full name of contributor Sinclair, Natasha6 Contributor address; City;	out-of-state PAC (ID#:_		7 /	Amount of Contribution (\$)	\$100.00
		Bellaire, TX 77401					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's s	pouse	e (if any)	
12	If contributor i	s a child, law firm of parent(s) (i	f any)	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i> </i>	Amount of Contribution (\$)	
	06/13/2024	Smith, Leonard					\$25.00
		Contributor address; City;	State; Zip Code		-		
		,					
		Rosharon, TX 77583					
-	Contributor's I	Principal Occupation		Contributor's Job Title			
	Operator	inicipal Occupation		Operator			
	•	employer/law firm		Law firm of contributor's s	nousa	(if any)	
	Dow Chemic			Edw IIIII of Contributor 3 3	pouse	(ii arry)	
_		s a child, law firm of parent(s) (i	f any)				
	ii contributor i	s a ciliiu, iaw iiiiii oi pareiii(s) (i	i aliy)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	I A	Amount of Contribution (\$)	
	06/13/2024	Smith, Lynncia	_				\$25.00
		Contributor address; City;	State; Zip Code		1		
		San Bruno, CA 94066					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Retired			Retired			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse	(if any)	
	United						
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 26/31 Rpt: 29/72		
2	FILER NAME Cloud, Carva	ER NAME ud, Carvana (Ms.)		3	Filer ID (Ethics Commission Filers) 00084566	
4	Date 01/18/2024 5 Full name of contributor out-of-state PAC (ID#:) Smoots, Alexandra 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		HOUSTON, TX 77045				
8		Principal Occupation		9 Contributor's Job Title		
	Consultant			Consultant		
10	Contributor's 6 Self - Smoot	employer/law firm s Consulting		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
		T			_	
	Date 01/17/2024	Full name of contributor TORRES, PILAR Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$250.00
	Contributor's I	BELLAIRE, TX 77401 Principal Occupation		Contributor's Job Title		
	SELF EMPL	OYEE		SELF EMPLOYEE		
	Contributor's 6	employer/law firm DING		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/19/2024	Thomas, Renita Contributor address; City;	State; Zip Code			\$100.00
		Angleton, TX 77515				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		of the same
	Self	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>l</u>		

			SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this t	orm.	1 Total pages Schedule A(J)1: Sch: 27/31 Rpt: 30/72
FILER NAME			3 Filer ID (Ethics Commission Filers)
Cloud, Carva	ana (Ms.)		00084566
Date 04/02/2024	 Full name of contributor out-of-state PAC (ID#:_Thomas, Renita Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100.00
	Angleton, TX 77515		
Contributor's I	Principal Occupation	9 Contributor's Job Title	
Na		Retired	
Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
Na			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/08/2024	Thomas, Renita		\$50.00
	Contributor address; City; State; Zip Code		
	Angleton, TX 77515	·	
	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor)	Amount of Contribution (\$)
01/23/2024	Thompson, Anne		\$50.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77005		
Contributor's F	I Principal Occupation	Contributor's Job Title	_ L
	·	Public Health Program	Manager, Health Education Specialist
Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
UTHealth Ho	ouston		
If contributor is	s a child, law firm of parent(s) (if any)	l	
	FILER NAME Cloud, Carvi Date 04/02/2024 Contributor's of Na If contributor i Date 05/08/2024 Contributor's of Na If contributor i Date 01/23/2024 Contributor's of Na If contributor i Date 01/23/2024	FILER NAME Cloud, Carvana (Ms.) Date 04/02/2024 5 Full name of contributor out-of-state PAC (ID#: Thomas, Renita) 6 Contributor address; City; State; Zip Code Angleton, TX 77515 Contributor's Principal Occupation Na Contributor's employer/law firm Na If contributor is a child, law firm of parent(s) (if any) Date 05/08/2024 Full name of contributor out-of-state PAC (ID#: Thomas, Renita) Contributor's Principal Occupation Na Contributor's Principal Occupation Na Contributor's employer/law firm Na If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Thompson, Anne	Cloud, Carvana (Ms.) Date 04/02/2024

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 28/31 Rpt: 31/72
2	FILER NAME Cloud, Carva	JAME 3 Carvana (Ms.)		Filer ID (Ethics Commission Filers) 00084566		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 TimberlyDavis LawFirm, pllc 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		Houston, TX 77002				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/17/2024	Verrett, Daquiri Contributor address; City;	<u> </u>			\$50.00
		Conroe, TX 77302				
		Principal Occupation		Contributor's Job Title		
	Office mana	ger		Office manager		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Flares and S					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	01/19/2024	Vilaseca, Holly	_			\$100.00
		Contributor address; City; Houston, TX 77077	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Account Exe			Account Executive		
_		employer/law firm		Law firm of contributor's sp	oou	se (if anv)
	Johnson Co					
	If contributor is	s a child, law firm of parent(s) (i	f any)	I		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 29/31 Rpt: 32/72
2	FILER NAME Cloud, Carva			3	Filer ID (Ethics Commission Filers) 00084566	
4			7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77006				
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title Retired		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date 05/02/2024	Full name of contributor WESTENDARP, Heather Contributor address; City; S			•	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77006		T		
	Contributor's Retired	Principal Occupation		Contributor's Job Title Retired		
	Contributor's e	employer/law firm s a child, law firm of parent(s) (if	any)	Law firm of contributor's sp	oous	se (if any)
					_	
	Date 06/17/2024	Full name of contributor Wagner, Dorothy Contributor address; City; S Houston, TX 77068	out-of-state PAC (ID#:		•	Amount of Contribution (\$) \$50.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Director			Director		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
		Barber College s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				ages Schedule A(J)1: 0/31 Rpt: 33/72	
2	FILER NAME Cloud, Carva	R NAME 3. d., Carvana (Ms.)		3 Filer ID 00084	(Ethics Commission 566	n Filers)	
4	Date 01/22/2024 5 Full name of contributor out-of-state PAC (ID#:) Weeden, Tracy 6 Contributor address; City; State; Zip Code		7 Amoun	t of Contribution (\$)	\$100.00		
		Houston, TX 77023					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	President &	CEO		President & CEO			
10		employer/law firm ucation Center		11 Law firm of contributor's sp	oouse (if any	')	
12		s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	06/13/2024	Williams, Bridget Contributor address; City;	State; Zip Code				\$25.00
		Spring, TX 77389					
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Behavior He	alth and Security		Behavior Health and Se	ecurity		
		employer/law firm		Law firm of contributor's sp	oouse (if any	<i>'</i>)	
	life Enhance						
	If contributor is	s a child, law firm of parent(s) (i	f any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Amoun	t of Contribution (\$)	
	06/13/2024	Williams, Virginia	—				\$15.00
		Contributor address; City;	State; Zip Code				
	0	Houston, TX 77092		T 0 . 2			
	Retired	Principal Occupation		Contributor's Job Title Retired			
		employer/law firm		Law firm of contributor's sp	oouse (if anv	<i>'</i>)	
	Retired				,	,	
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 31/31 Rpt: 34/72
2	FILER NAME				3 Filer ID (Ethics Commission Filers) 00084566
4				7 Amount of Contribution (\$) \$50.00	
		Missouri City, TX 77459)		
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Homemaker			Homemaker	
10	Contributor's None	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
_	Data	Full name of acatally the			Associated Contribution (ft)
	Date 01/18/2024	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$100.00
	01/10/2024	Yuhas, Jennifer Contributor address; City;			\$100.00
		Houston, TX 77005			
	Contributor's	Principal Occupation		Contributor's Job Title	
		er + business owner		Yoga teacher + busine	ss owner
_		employer/law firm		Law firm of contributor's s	
	Self-employ			Law min or contributor of	pouse (ii ai.y)
		s a child, law firm of parent(s) (if any)		
	ii contributori	s a clina, law litti of paretil(s) (ii airy)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/18/2024	bryant, tasha			\$100.00
		Contributor address; City;	State; Zip Code		
		Waldorf, MD 20602			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Assistant Ch	nief of Police		Assistant Chief of Police	e
		employer/law firm		Law firm of contributor's s	pouse (if any)
	District of Co	olumbia Government			
	If contributor i	s a child, law firm of parent(s) (if any)		

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.		ages Schedule E(J): /2 Rpt: 35/72
2	FILER NAME Cloud, Carvana	(Ms.)		3 Filer ID 00084	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 02/01/2024	7 Name of lender out-of-state PA	C (ID#:		9 Loan Amount (\$) \$850.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Houston, TX 77091			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposite	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princip	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code		
25	Guarantor's Emplo	worll ou Firm	26 Law Firm of guarantor's sp	ouso (if any	0
23	Guarantor's Empic	yenLaw Filli	26 Law Firm or guarantor's sp	ouse (ii ariy)
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	IUDICIAL)				SCHEDULE E(J)
	The Instruction	on Guide explains how to complete this	form.	1		ages Schedule E(J): 2 Rpt: 36/72
2	FILER NAME Cloud, Carvana	(Ms.)		3	Filer ID	(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS				\$
5	Date of loan 05/20/2024	7 Name of lender	AC (ID#:)	9 Loan Amount (\$) \$250.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate
	No	Houston, TX 77091				11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title			1
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (it	f any)	
16	If lender is child, la	aw firm of parent(s) (if any)				
17	Description of Coll	lateral	18 Check if personal funds we	ere o	deposite	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State;	Zip Code Zip Code			
25	Guarantor's Emplo	pyer/Law Firm	26 Law Firm of guarantor's sp	ous	e (if any	Y
27	' If guarantor is chile	d, law firm of parent(s) (if any)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/36 Rpt: 37/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	04/30/2024	11TH STREET VENTURES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,750.00	11th Street Ventures
		Houston, TX 77063
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 CAMPAIGN MANAGER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/20/2024	11TH STREET VENTURES
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11th Street Ventures
		Houston, TX 77063
	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 CAMPAIGN MANAGER
		O, WIII / HOLV W/ HV (OE)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/21/2024	11TH STREET VENTURES
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	11th Street Ventures
		Houston, TX 77063
	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 CAMPAIGN MANAGER
		CAMIL AIGH WARACER
	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

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 2/36 Rpt: 38/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	05/20/2024	AKA - PSI MU OMEGA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	P.O. Box 841723
		Pearland, TX 77584
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DONATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	AREA 5 DEMOCRATS
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3800 Spencer Highway
		Suite L
		Pasadena, TX 77504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DONATION
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/25/2024	AREA 5 DEMOCRATS
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3800 Spencer Highway
		Suite L
		Pasadena, TX 77504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		DONATION
	Complete ONII V if direct	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/36 Rpt: 39/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	01/22/2024	ARIEL LOVE FOUNDATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.27	1206 Twinng Oaks Ln
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DONATION
Ļ	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/07/2024	BURNETT, JAYDEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	16502 N Glade Dr
		Houston, TX 77073
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense
		Check if Austin, TX, officeholder living expense POLL WORKER
		FOLL WORKER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	D :	
	Date	Payee name
	01/29/2024	CAMPAIGN PARTNER
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	PO Box 118
		Still River, MS 01467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		WEBSITE
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The strategy of the strategy o	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/36 Rpt: 40/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	02/28/2024	CAMPAIGN PARTNER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.00	PO Box 118
		Still River, MS 01467
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		WEBSITE
		WEBSITE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	03/28/2024	CAMPAIGN PARTNER
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	PO Box 118
		Still River, MS 01467
	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
		WEBSITE
		WEBSITE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
	Date	Payee name
	04/29/2024	CAMPAIGN PARTNER
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	PO Box 118
		Still River, MS 01467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		WEBSITE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/36 Rpt: 41/72	2 FILER NAME Cloud, Carvana (Ms.) 3 Filer ID (Ethics Commission Filers) 00084566
4	Date 05/31/2024	5 Payee name CAMPAIGN PARTNER
6	Amount (\$) \$29.00	7 Payee address; City; State; Zip Code PO Box 118 Still River, MS 01467
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/28/2024	Payee name CAMPAIGN PARTNER
	Amount (\$) \$29.00	Payee address; City; State; Zip Code PO Box 118 Still River, MS 01467
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/21/2024	Payee name CARRABBAS
	Amount (\$) \$110.74	Payee address; City; State; Zip Code 3115 Kirby Dr
		Houston, TX 77098
	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 MEALS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/V	xpense Vages/Contract Labor	Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	ΛE.			3 Filer ID	(Ethics Commission Filers)
	Sch: 6/36 Rpt: 42/72	Cloud, Ca	rvana (Ms.)			00084566	
4	Date	5 Payee nam	e			•	
	05/20/2024	CLARK, K	EATON				
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip Co	ode		
	\$250.00	2601 Dusl	ky Rose Ln				
		Pasadena	ı, TX 77502				
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description		
	OF EXPENDITURE		Vages/Contract Labor	,	🖃	outside of Texas. Con	
	ZA ZABITORZ				Check if Austin	n, TX, officeholder livin	g expense
					JIAFF - LAF	ORTE	
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u> </u> aht	Office h	eld
_	expenditure to benefit C/OI		meenoluer name	Office 30d		Office II	Ciu
	Date	Payee nam					
	05/23/2024	CLARK, K	EATON				
	Amount (\$)	Payee addr	•	State; Zip Co	ode		
	\$400.00	2601 Dusl	ky Rose Ln				
		Pasadena	, TX 77502				
	PURPOSE OF	(a) Category	(See Categories listed at the top o	of this schedule)	(b) Description		
	EXPENDITURE	Salaries/V	Vages/Contract Labor		ı <u>—</u>	outside of Texas. Com n, TX, officeholder living	
					STAFF - LAF		g expense
	Complete ONLY if direct		fficeholder name	Office sou	ıght	Office h	eld
	expenditure to benefit C/OI	Н					
	Date	Payee nam	e				
	06/03/2024	CLARK, K	EATON				
	Amount (\$)	Payee addr	ress; City;	State; Zip Co	ode		
	\$400.00	2601 Dusl	ky Rose Ln				
		Pasadena	, TX 77502				
	PURPOSE	(a) Category	(See Categories listed at the top o	of this schedule)	(b) Description		
	OF EXPENDITURE		Vages/Contract Labor		Check if travel	outside of Texas. Con	
	EM EMPHONE				. 	n, TX, officeholder living	g expense
					STAFF		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	laht.	Office h	ald
	Complete ONLY if direct expenditure to benefit C/OH		пісеновиеї папів	Office Sou	igiit	Onice n	ciu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/36 Rpt: 43/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	01/02/2024	CLOUD, CARVANA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Repayment
		Louintepayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/08/2024	CLOUD, CARVANA
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/08/2024	CLOUD, CARVANA
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.48	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
-	Sch: 8/36 Rpt: 44/72	Cloud, Carvana (Ms.)	
4	Date	5 Payee name	_
ľ	01/09/2024	CLOUD, CARVANA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$10.81	850 WEST LITTLEYORK RD	
		Suite B	
		Houston, TX 77091	
8	PURPOSE		_
°	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Loan Repayment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/23/2024	CLOUD, CARVANA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	850 WEST LITTLEYORK RD	
		Suite B	
		Houston, TX 77091	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Loan Repayment	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol		
	Date	Payee name	
	01/29/2024	CLOUD, CARVANA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	850 WEST LITTLEYORK RD	
		Suite B	
		Houston, TX 77091	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Loan Repayment	
	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Calc. 1.1. Ed	· · · · · · · · · · · · · · · · · · ·	ro)
1	Total pages Schedule F1:		iS)
	Sch: 9/36 Rpt: 45/72	Cloud, Carvana (Ms.) 00084566	
4	Date	5 Payee name	
	01/29/2024	CLOUD, CARVANA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.66	850 WEST LITTLEYORK RD	
		Suite B	
		Houston, TX 77091	
8	PURPOSE		
°	OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Loan Repayment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	ин Станата и при при при при при при при при при п	
H	Date	Payee name	
	02/12/2024	CLOUD, CARVANA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	850 WEST LITTLEYORK RD	
		Suite B	
		Houston, TX 77091	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Loan Repayment	
	0 1 0 0 1 1 1 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		
	Date	Payee name	
	05/20/2024	CLOUD, CARVANA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	850 WEST LITTLEYORK RD	
		Suite B	
		Houston, TX 77091	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		PERSONAL/LOAN REPAYMENT	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula E4:	,
1 Total pages Schedule F1:	
Sch: 10/36 Rpt: 46/72	Cloud, Carvana (Ms.) 00084566
4 Date	5 Payee name
06/03/2024	CLOUD, CARVANA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.00	850 WEST LITTLEYORK RD
	Suite B
	Houston, TX 77091
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PERSONAL/LOAN REPAYMENT
	FERSONAL/LOAN REPATIVIENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORARIO TO BOTTON O/OI	•
Date	Payee name
06/03/2024	CLOUD, CARVANA
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	850 WEST LITTLEYORK RD
,	Suite B
	Houston, TX 77091
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PERSONAL/LOAN REPAYMENT
	FERSONAL/EDAN REPAINMENT
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	CLOUD, CARVANA
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	850 WEST LITTLEYORK RD
	Suite B
	Houston, TX 77091
DUPPOSE	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	LOAN REPAYMENT
Complete <u>ONLY</u> 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 -

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/36 Rpt: 47/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	02/26/2024	CLOUD, COURTLAND
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
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 CANVASSING
		CANVASSING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	01/05/2024	CULTURE MEASURES
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1601 Industrial Blvd
		Sugarland, TX 77478
	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
		Consulting Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/08/2024	CULTURE MEASURES
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1601 Industrial Blvd
		Sugarland, TX 77478
	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.
		Consulting Foos
		Consulting Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete the	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/36 Rpt: 48/72	Cloud, Carvana (Ms.)	00084566
4	Date	5 Payee name	
	01/02/2024	DOLLAR TREE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.47	1000 Elgin St	
		Houston, TX 77002	
8	PURPOSE		scription
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			(PN Description
			and part
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/17/2024	DOLLAR TREE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.09	1430 West Gray Street	
		Houston, TX 77019	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overfiedd/Nerfidi Experise	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		l	IPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	01/24/2024	ESSENTIAL FRIENDS FOUNDATION	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$163.76	P.O. BOX 791	
		Houston, TX 77001	
	PURPOSE OF		scription
	EXPENDITURE	Contributions/Donations Made by	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			DNATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	orials Expense n Guide explains h		ages	s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2				•		Filer ID	(Ethics Commission Filers)
1		ı					3		(Luncs Commission Filers)
	Sch: 13/36 Rpt: 49/72	╙	Cloud, Carvana (Ms.)					00084566	
4	Date	5	Payee name						
	01/03/2024		ESTHERS CAJUN CAF						
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de			
	\$93.64	ı	5007 N Shepherd Dr	•					
	φοσ.σ :		occi il onopilola Bi						
		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	Houston, TX 77018						
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expens					tside of Texas. Com	
	LXI LINDITORL						—	X, officeholder living	j expense
							Campaign Con	tribution	
L									
9	Complete ONLY if direct		andidate/Officeholder nam	e C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н							
H	Date		Payee name						
	02/21/2024		FACEBOOK MAILBOX						
_		╙		Ctata	Zin Co	de			
	Amount (\$)	ı	Payee address; City;	Siale,	Zip Co	ue			
	\$58.72		1 Hacker Way						
			Menlo Park, CA 94025						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense		· ·		`	tside of Texas. Com	plete Schedule T.
	EXPENDITURE		J 1				_	X, officeholder living	g expense
							MARKETING		
L									
	Complete ONLY if direct		andidate/Officeholder nam	e C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н							
H	Date	Г	Payee name						
	04/23/2024	ı	FAMILY DOLLAR						
_		<u> </u>			7:- 0	-1 -			
	Amount (\$)	ı	Payee address; City;	State;	Zip Co	de			
	\$23.94		804 Telephone Road						
			Houston, TX 77023						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b)	Description		
	OF		Office Overhead/Rental			•		tside of Texas. Com	plete Schedule T.
	EXPENDITURE			1			Check if Austin, T	X, officeholder living	j expense
							SUPPLIES		
	Complete ONLY if direct		andidate/Officeholder nam	e C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н							

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/36 Rpt: 50/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	02/13/2024	GLORIAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.62	2616 Louisiana St
		Houston, TX 77002
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.
		CAMPAICNI MEALS
		CAMPAIGN MEALS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/14/2024	GREASY SPOON
	Amount (\$)	Payee address; City; State; Zip Code
	\$675.09	10009 Broadway St Suite 101
	φ013.03	10003 Broadway St Suite 101
		Pearland, TX 77584
	DUDDOGE	
	PURPOSE OF	(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.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN MEALS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	01/25/2024	HICKS, RHNEE
	Amount (\$)	Payee address; City; State; Zip Code 6709 Wheatley
	\$20.00	6709 Wheatley
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Consider the top of this schedule of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PERSONAL/LOAN REPAYMENT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 15/36 Rpt: 51/72	Cloud, Carv	ana (Ms.)					00084566		
4	Date	5 Payee name								
	02/02/2024	HOUSTON	BLACK DEMOCRATS							
6	Amount (\$)	7 Payee addres	•	tate; Zip Co	ode					
	\$250.00	PO Box 202	116							
L		Houston, TX	77220							
8	PURPOSE OF		e Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE		s/Donations Made By Officeholder/Political Co	mmittoo		=		ide of Texas. Com , officeholder living		
		Carididate/C	micerioldel/Political Co	mmuee		DONATION	,	, cincendide, iving	одрошов	
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ight			Office he	eld	
L	expenditure to benefit C/OI	-								
	Date	Payee name								
	03/07/2024	INTERNATI	ONAL BANK OF COM	MERCE						
	Amount (\$)	Payee addres	s; City; S	tate; Zip Co	ode					
	\$35.00	P.O. Box 65	9507							
		San Antonio	, TX 78265							
	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		ide of Texas. Com , officeholder living		
						BANK FEE	, 17	, officeriolaer living	expense	
Г	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	+								
Г	Date	Payee name								
	03/07/2024	INTERNATI	ONAL BANK OF COM	MERCE						
	Amount (\$)	Payee addres	s; City; S	tate; Zip Co	ode					
	\$35.00	P.O. Box 65	9507							
		San Antonio	, TX 78265							
	PURPOSE OF	(a) Category (Se	e Categories listed at the top of thi	is schedule)	(b)	Description				
	EXPENDITURE	Fees				<u></u>		ide of Texas. Com , officeholder living		
						BANK FEE	,	, cincendide, irring	одрошов	
Г	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н								

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	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:	
	Sch: 16/36 Rpt: 52/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	03/08/2024	INTERNATIONAL BANK OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	P.O. Box 659507
		San Antonio, TX 78265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEE
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	03/14/2024	INTERNATIONAL BANK OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 659507
		San Antonio, TX 78265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BANK FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	03/29/2024	INTERNATIONAL BANK OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 659507
		Con Antonio TV 70205
	BUDE	San Antonio, TX 78265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BANK FEE
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/36 Rpt: 53/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	03/31/2024	INTERNATIONAL BANK OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.34	P.O. Box 659507
		San Antonio, TX 78265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BANK FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Data	B
	Date 04/26/2024	Payee name INTERNATIONAL BANK OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.25	P.O. Box 659507
		San Antonio, TX 78265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Repayment
		Loui repayment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	04/26/2024	INTERNATIONAL BANK OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	P.O. Box 659507
		San Antonio, TX 78265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense BANK FEE
		BAINN FEE
	Operation ONLY if allowed	Our distance (Office health as market
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/36 Rpt: 54/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	04/30/2024	INTERNATIONAL BANK OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.84	P.O. Box 659507
		San Antonio, TX 78265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BANK FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	01/16/2024	INUIT MAILCHMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
	400.00	Suite 5000
		Atlanta, GA 30308
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MARKETING
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	
	Date	Payee name
	02/14/2024	INUIT MAILCHMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense MARKETING
		WARKETING
	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	/ - ıl Cor	mmittee	Gift/Awards/Memoria Legal Services The Instruction (/ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
1	Total pages Schedule F1:	2	EII ED NIAME				· ·	 1	3	Filer ID	(Ethics Commission Filers)
•									"		(=41100 001111113310111111013)
L	Sch: 19/36 Rpt: 55/72	$ldsymbol{ld}}}}}}$	Cloud, Carv	ana (IVIS.)					L	00084566	
4	Date	5	Payee name								
	06/13/2024		INUIT MAIL	CHMP							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de		_		
	\$63.96			de Leon Ave N		•					
	+33.00		Suite 5000								
				00000							
L		L	Atlanta, GA	JUJU8							
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising					=			nplete Schedule T.
								_		officeholder livin	g expense
								MARKETING	1		
L		L									
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght	_ 		Office h	eld
	expenditure to benefit C/O	H -									
	Date	Π	Payee name						_		
	06/17/2024		INUIT MAIL	СНМР							
H	Amount (\$)	\vdash	Payee addres		State	e; Zip Co	de		—		
	\$63.96		,	de Leon Ave N		,p 00					
	Φυ3.30			GO LOUITAVE IV	-						
			Suite 5000								
L		L	Atlanta, GA	30308			_		_		
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising					=			mplete Schedule T.
	LA LINDITORE		J					—		officeholder livin	ng expense
								MARKETING	1		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/O	_					_		_		
	Date	Γ	Payee name								
	01/23/2024		JOHNSON,	ERIKA							
	Amount (\$)	\vdash	Payee addres		State	e; Zip Co	de				
	\$400.00		PO Box 563		Siale	., <u>-</u> .p C0	40				
	Φ4 00.00		1 O DOX 303	,							
			_								
		L	Fresno, TX	77545			_		_		
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Consulting I					_			nplete Schedule T.
	LA LINDITORE		-					_		officeholder livin	
								CAMPAIGN (CO	NSULTANI	1
		L					_		_		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OF	H									
											

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/36 Rpt: 56/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	02/20/2024	JOSEPHINES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.14	318 Gray Street
		Houston, TX 77002
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.
		CAMPAICNI MEALS
		CAMPAIGN MEALS
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2024	LITTLE CAESARS
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.22	3636 Old Spanish Trl
		Houston, TX 77021
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STAFF MEALS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/19/2024	LUBYS
	Amount (\$) \$34.36	Payee address; City; State; Zip Code 1727 Old Spanish Trail
	Φ34.30	1727 Old Spanish Hall
		Houston, TX 77054
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STAFF MTG
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 21/36 Rpt: 57/72	2 FILER NAME3 Filer ID(Ethics Commission Filers)Cloud, Carvana (Ms.)00084566
4	Date	5 Payee name
	02/21/2024	LUBYS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.86	1727 Old Spanish Trail
		Houston, TV 77054
		Houston, TX 77054
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense
		CAMPAIGN MEALS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/29/2024	LYFT
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	185 Berry Street
		Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SHARED TRANSPORTAION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/10/2024	M3 GRAPHICS INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$557.38	11730 Wilcrest Dr
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Printing Services
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	┨

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Gredit Card r ayment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 22/36 Rpt: 58/72	Cloud, Carvana (Ms.)	00084566					
4 Date	5 Payee name	·					
01/29/2024	M3 GRAPHICS INC						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$399.98	3 11730 Wilcrest Dr						
	Houston, TX 77099						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Printing Services					
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held					
expenditure to benefit C/	OH						
Date	Payee name						
02/26/2024	MONEY TEAM						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$100.00	15313 Gulf Frwy 226						
	Houston, TX 77034						
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					
		CANVASSING					
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held					
expenditure to benefit C/	OH						
Date	Payee name						
03/06/2024	MONEY TEAM						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$50.00	15313 Gulf Frwy 226						
	Houston, TX 77034						
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					
		CANVASSING					
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held					
expenditure to benefit C/	ЭН						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/36 Rpt: 59/72	Cloud, Carvana (Ms.) 00084566
4 Date	5 Payee name
02/26/2024	MOONBEAM HOME
6 Amount (\$) \$315.00	7 Payee address; City; State; Zip Code 15313 Gulf Frwy 226 Houston, TX 77034
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 CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/26/2024	MOONBEAM HOME
Amount (\$) \$40.00	Payee address; City; State; Zip Code 15313 Gulf Frwy 226
	Houston, TX 77034
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 CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 05/13/2024	Payee name MOONBEAM HOME
Amount (\$) \$540.00	Payee address; City; State; Zip Code 15313 Gulf Frwy 226
	Houston, TX 77034
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 - KARA
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/Politica Credit Card Payment		
1	Total pages Schedule F1:		
L	Sch: 24/36 Rpt: 60/72	Cloud, Carvana (Ms.) 00084566	
4	Date	5 Payee name	
	05/28/2024	MOONBEAM HOME	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$720.00	15313 Gulf Frwy 226	
		Houston, TX 77034	
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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	06/17/2024	MOONBEAM HOME	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$685.00	15313 Gulf Frwy 226	
L		Houston, TX 77034	
	PURPOSE OF	(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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	Н	
	Date	Payee name	=
	01/08/2024	NEW LIGHT CHURCH	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	14415 Fondren Rd	
		Missouri City, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Available (Office health of (Palitical Available of Available o	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	•	
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/36 Rpt: 61/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	06/24/2024	NINFAS ORIGINAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.53	2704 Navigation Blvd
		Houston, TX 77003
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 MEALS
		WIETNES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/26/2024	Nissi's Network Inc.: Human Rights Advocate
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15738 FLEETWOOD OAKS DR
		Houston, TX 77079
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	OFFICE MAX
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.02	1576 W Gray St
		Houston, TX 77019
	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
		SUPPLIES
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/36 Rpt: 62/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	02/21/2024	OFFICE MAX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.04	1576 W Gray St
		Houston, TX 77019
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 SUPPLIES
		SOFFEILS
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	02/21/2024	ON STREET PARKING
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.60	2020 McKinney
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense PARKING
		FARRING
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	01/29/2024	PAPPAS BAR B Q
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.47	1217 Pierce 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 Austin, TX, officeholder living expense
		STAFF MTG
<u> </u>	Commission ON II V 15 allians	Condidate (Office helder name)
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/36 Rpt: 63/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	05/21/2024	PLATINUM PARKING LOT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.45	212 Milam St
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense PARKING
		TARANINO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	02/12/2024	PLEASANT HILL CHURCH
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1510 Pannell Street
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Power warms
	Date 01/31/2024	Payee name PayPal
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.37	2211 North First Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEE
		DAINN FEE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

SCHEDULE F1

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

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

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

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

	Credit Card Payment		The Instruction Guide explains how to c	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/36 Rpt: 64/72		Cloud, Carvana (Ms.)		00084566
4	Date	5	Payee name		·
	02/28/2024		PayPal		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$39.33		2211 North First Street		
			San Jose, CA 95131		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense BANK FEE
					<i>5</i> , <u></u>
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O			3	
_	Date	Τ	Payee name		
	03/31/2024		PayPal		
	Amount (\$)	┢	Payee address; City; State; Zip C	ode	
	\$3.38		2211 North First Street		
			San Jose, CA 95131		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	``	Fees	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					BANK FEE
	Complete ONLY if direct	Ц	Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O		Januare/Officeriolaer flame Office 30	ugni	Cinice neid
_	Date	Т	Payee name		
	04/30/2024		PayPal		
	Amount (\$)	┢	Payee address; City; State; Zip C	ode	
	\$174.41		2211 North First Street	ouc	
	41.1.11		ZZZZ Norum not outot		
			San Jose, CA 95131		
	PURPOSE	(a)		(h)) Description
	OF	(۵)	Category (See Categories listed at the top of this schedule) Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		. 555		Check if Austin, TX, officeholder living expense
					BANK FEE
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ught	t Office held
		•			

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 29/36 Rpt: 65/72	2 FILER NAME Cloud, Carvana (Ms.)	3	Filer ID 00084566	(Ethics Commission Filers)
4	Date 05/31/2024	5 Payee name PayPal	•		
6	Amount (\$) \$31.33	7 Payee address; City; State; Zip Code 2211 North First Street			
8	PURPOSE OF EXPENDITURE	San Jose, CA 95131 (a) Category (See Categories listed at the top of this schedule) Fees (b)	=	side of Texas. Comp	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 06/30/2024	Payee name PayPal			
	Amount (\$) \$175.61	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131			
	PURPOSE OF EXPENDITURE		ш	side of Texas. Comp (, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 06/19/2024	Payee name PayPal			
	Amount (\$) \$213.05	Payee address; City; State; Zip Code 2211 North First Street			
		San Jose, CA 95131			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	<u></u>	side of Texas. Comp K, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 30/36 Rpt: 66/72	2 FILER NAME Cloud, Carvana (Ms.) 3 Filer ID (Ethics Commission Filers) 00084566
4	Date	5 Payee name
	03/13/2024	RANDLE, PAUL
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1442 Silverdale St
		Houston, TX 77029
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
		CANVASSING
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2024	ROSS STORES
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.29	8200 Kirby Dr
		Houston, TX 77054
	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
		SUPPLIES
		3011 EIES
_	Complete ONLY if direct	Condidate/Office holder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	SMITH, JASMINE
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	9527 Emerald Lakes
		Rosharon, TX 77583
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN EXPENSE
		CAIVIF AIGIN EAF LINGE
_	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Servic	Memorials Expense es ction Guide expla		/ages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME				T:	3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 31/36 Rpt: 67/72	-	Cloud, Carvana (Ms.)			ľ		00084566	, : : : : : : : : : : : : : : : : : : :	7
4	Date	5	Payee name				L				
	02/27/2024	ľ	STAFFORD, MARIC	N							
بـ		<u> </u>				-1 ·					
6	Amount (\$)	7	Payee address; Ci	-	tate; Zip Co	de					
	\$20.00		2615 W T C Jester E	livd							
			Houston, TX 77008								
8	PURPOSE	(a)	Category (See Categories	listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Con				=			plete Schedule T.	
	LXI LINDITORE						\Box		officeholder living	expense	
							CANVASSING	خ			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder r	ame	Office sou	ght			Office he	eld	
L	experiorure to berient C/Of										
	Date		Payee name								
	01/08/2024		THE COMMUNITY (OF FAITH CHU	JRCH						
	Amount (\$)		Payee address; Ci	y; S	tate; Zip Co	de					
	\$100.00		1024 Pinemont Dr								
			Houston, TX 77091								
	PURPOSE	(a)	Category (See Categories	listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donati		,		_	utsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/Officehold		mmittee		ш		officeholder living	expense	
							Shirts and Oth	ner	Apparel		
	Complete ONLY if direct		Candidate/Officeholder r	ame	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI										
	Date		Payee name								
	01/08/2024		UBER								
	Amount (\$)		Payee address; Ci	y; S	tate; Zip Co	de					
	\$13.81		1515 Third Street								
			San Francisco, CA 9	4158							
	PURPOSE	(a)	Category (See Categories	listed at the ton of thi	s schedule)	(b)	Description				
	OF	^	Travel In District		- /		Check if travel ou			plete Schedule T.	
	EXPENDITURE								officeholder living	expense	
							Office Supplie	S			
	Complete ONLY if direct		Candidate/Officeholder r	ame	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H				_					

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: 32/36 Rpt: 68/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	04/26/2024	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.53	1515 Third Street
		San Francisco, CA 94158
8	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
		SHARED TRANSPORTAION
		SINULE TIVENE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/26/2024	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.91	1515 Third Street
		San Francisco, CA 94158
	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
		SHARED TRANSPORTAION
		SINULE TIVENE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/26/2024	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.31	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		CHARED TRANSPORTATION
		SHARED TRANSPORTAION
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1: Sch: 33/36 Rpt: 69/72	2 FILER NAME Cloud, Carvana (Ms.)	3 Filer ID (Ethics Commission Filers) 00084566
4	Date 04/26/2024	5 Payee name UBER	
6	Amount (\$) \$14.91	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SHARED TRANSPORTAION
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/26/2024	Payee name UBER	
	Amount (\$) \$11.76	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SHARED TRANSPORTAION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/26/2024	Payee name UBER	
	Amount (\$) \$8.90	Payee address; City; State; Zip Code 1515 Third Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SHARED TRANSPORTAION
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 34/36 Rpt: 70/72	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	04/26/2024	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.89	1515 Third Street
		San Francisco, CA 94158
8	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
		SHARED TRANSPORTAION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/26/2024	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.88	1515 Third Street
		San Francisco, CA 94158
	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
		SHARED TRANSPORTAION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	04/29/2024	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.95	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense SHARED TRANSPORTAION
		SHARLE HAROLORIAION
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 35/36 Rpt: 71/72	2 FILER NAME Cloud, Carvana (Ms.) 3 Filer ID (Ethics Commission Filers) 00084566	
4	Date 04/29/2024	5 Payee name UBER	
6	Amount (\$) \$26.40	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SHARED TRANSPORTAION	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/30/2024	Payee name URBAN WORLD TSHIRTS	
	Amount (\$) \$364.81	Payee address; City; State; Zip Code 10130 Lasaber Ct Houston, TX 77038	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN SHIRTS	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/26/2024	Payee name VALADEZ, MARIBEL	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 5500 De Soto St	
		Houston, TX 77091	
	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 CANVASSING	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 36/36 Rpt: 72/72	Cloud, Carvana (Ms.) 00084566	
4	Date	5 Payee name	
	03/06/2024	VALADEZ, MARIBEL	
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 5500 De Soto St Houston, TX 77091	
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 CANVASSING	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/20/2024	WALMART	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.35	111 Yale Street	
		Houston, TX 77007	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUPPLIES	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/19/2024	YOUNG, DREVIAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	5120 Woodway Drive	
		Houston, TX 77056	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		VIDEOGRAPHY	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	