CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00067987		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Toni N.			Date Received	
10 000					ELECTRONICAL	I V EILED
					07/15/2024	
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Rose				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or E	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 41867					
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75241					
	,				Date Processed	
					Bata lass and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER	Rev.	Mark				
NAME	1107.	WAIK				
	NICKNAME	LACT		CUETIV		
	NICKNAME	LAST Proctor		SUFFIX		
		Procioi				
C CAMBAICNI	CTDEET ADDRESS (NO D	O BOY DI EACEY		E / CLUTE # CITY	CTAT	TE. 710 CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	J BOX PLEASE);	AP	Γ / SUITE #; CITY;	STAT	E; ZIP CODE
ADDRESS	2515 S. Denley Dr.					
(Residence or Business)						
	Dallas, TX 75216					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER	(214) 498-2978	THE NOWBER	EXTENSION			
PHONE	(214) 490-2970					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	
				<u></u>	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	——————————————————————————————————————	
	Month Day Year 11/05/2024	∐ ^{Pi}	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
						
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	strict 110 Dallas			ative District 110	
	1			<u> </u>		
		CO T	O DACE 2			
		GOT	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 130

13 C / OH NAME	Rose, Toni N. (The H	onorable)	14 Filer ID (Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS						
TOTALS	CTRONICALLY)	\$ 0.00							
	5)	\$ 34,791.00							
EXPENDITURE TOTALS		\$ 5,708.30							
		AL EXPENDITURES		\$ 67,690.94					
CONTRIBUTION BALANCE	REPORTING PE			\$ 31,726.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Hor	norable Toni N. Rose						
		Signature of	Candidate or Officehole	der					
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	Signature of officer administering Printed name of officer administering Title of officer administering oath								

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 130
18 FILER NAM Rose, Tor	IE i N. (The Honorable)	19 Filer ID 00067987	(Ethics Com	nmission Filers)
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	34,791.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	67,690.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/130	
2	FILER NAME Rose, Toni N	l. (The Honorable)		3	Filer ID (Ethics Commission 00067987	on Filers)
4	Date 02/08/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Loon	Austin, TX 78701	O Employer (Coa Instructions	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Amgen Inc., PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Thousand Oaks, CA 91320				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/25/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75218				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Border Health PAC Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Brentwood Public Affairs Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/130	
2	FILER NAME Rose, Toni N	J. (The Honorable)		3	Filer ID (Ethics Commission 00067987	on Filers)
4	Date 02/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
•	Dringing! goog	Dallas, TX 75204	Employer (Coo Instructions			
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Burruss, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Dallas, TX 75287 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Chris Wallace Trust Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Irving, TX 75038 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,				
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Cigna Corp. PAC Contributor address; City; State; Zip Code Washington, DC 20004)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Derrick, Tonya Contributor address; City; State; Zip Code Terrell, TX 75160)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/130	
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commission 00067987	on Filers)
4	Date 04/29/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Oklahoma City, OK 75241				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Earle, Marvin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Dalals, TX 75224 pation / Job title (See Instructions)	Employer (See Instructions)		
		·				
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of UNT PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75380				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_Friends of UT Southwestern Medical Center/FO Contributor address; City; State; Zip Code Dallas, TX 75230			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of the University PAC Contributor address; City; State; Zip Code Austin, TX 78763			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/130	
2	FILER NAME Rose, Toni N	l. (The Honorable)			3	Filer ID (Ethics Commission 00067987	on Filers)
4	Date 06/21/2024	<u> </u>)	7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20001					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor out Grinage, Jared Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Requested, TX 01701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/04/2024	Full name of contributor out Gulf States Toyota Inc., State Pa Contributor address; City; State; Zip				Amount of Contribution (\$)	\$500.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/16/2024	Full name of contributor out Healthcare Service Corp. Emplo Contributor address; City; State; Zip Chicago, IL 60601)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/22/2024	Hisett, Carl	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/130	
2	FILER NAME Rose, Toni N	I. (The Honorable)		3	Filer ID (Ethics Commission 00067987	n Filers)
4	Date 02/25/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
_	<u> </u>	Austin, TX 78759		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Keller, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75225	_			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_ Leavitt, Jo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Lloyd Gosselink Rochelle & Townsend, P.C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Longbow Consulting Partners LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/130	
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commission 00067987	ı Filers)
4	Date 02/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Dringing! good	Denton, TX 76210	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/03/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Dringing	Denton, TX 76210	Franks or (Cas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/31/2024	Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/05/2024	Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions)	Employer (See Instructions)		
	Timolpai ooda	pation / vos title (eee metadatons)	Employer (Geo mondone)			
	Date 06/02/2024	Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/130	
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067987	
4	Date 06/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
•	Dringing! good	Denton, TX 76210	0 Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_McGarrahan, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See maiructions	,		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/05/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	Employer (See Instructions)		
	Timolpai occa	pation / vos title (eee metadotoris)	Employer (Geo metrocione	,		
	Date 05/05/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/130	
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commission 00067987	Filers)
4	Date 05/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$3.00
_	<u> </u>	Dallas, TX 75248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_McGarrahan, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing occu	Dallas, TX 75248	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Dallas, TX 75248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/02/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/09/2024	Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/130	
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commission 00067987	n Filers)
4	Date 06/23/2024	5 Full name of contributor out-of-state PAC (ID#:_ McGarrahan, Andy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.00
_		Dallas, TX 75248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Metlock, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Dringing Lagor	Duncanville, TX 75137	Franks von (Cook both vot in no			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Novartis Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Parsons Corporation PAC Contributor address; City; State; Zip Code Pasadena, CA 91124			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Secrest, Leslie Contributor address; City; State; Zip Code Dallas, TX 75225			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/130		
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commission 00067987	on Filers)	
4	Date 03/05/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$250.00	
_	Daine in all a service	Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 06/07/2024				Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	•						
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
		Austin, TX 78767					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ United Food and Commercial Workers Contributor address; City; State; Zip Code Washington, DC 20006)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ UnitedHealth Group PAC Contributor address; City; State; Zip Code Washington, DC 20004			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/130		
2	FILER NAME Rose, Toni N	N. (The Honorable)		3	Filer ID (Ethics Commissio 00067987	n Filers)
4	Date 03/03/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$50.00
L		Red Oak, TX 75154		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/04/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75204				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78265				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/29/2024	1540 Bar & Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.72	1540 S. Clark St.
		Duncanville, TX 75137
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food & Beverage Out of District Travel/NBCSL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/04/2024	7-Eleven
	Amount (\$) \$30.62	Payee address; City; State; Zip Code
	Φ30.02	5950 S. R.L. Thornton Freeway
		_ ;;,
		Dallas, TX 75232
	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
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t
	Date	Payee name
	05/14/2024	ALoft Hotel
	Amount (\$)	
	\$134.10	Payee address; City; State; Zip Code 109 E 7th St,
	φ134.10	109 E 7th St,
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Member Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/09/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$465.34	1001 IH 35 E #614D
		DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Phone Accessories
		Campaign Fhore / locessories
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/21/2024	AT&T
H	Amount (\$)	Payee address; City; State; Zip Code
	\$228.60	1001 IH 35 E #614D
		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Phone Accessories
		Campaign Hone / lococconice
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/21/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.80	1001 IH 35 E #614D
		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign Phone Accessories
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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: 3/116 Rpt:	Rose, Toni N. (The Honorable)
L		
4	Date	5 Payee name
	06/01/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$483.69	1001 IH 35 E #614D
		DeSoto, TX 75115
Ļ	DUDESCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Phone Accessories
		Sampaight hone / 10000001100
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/04/2024	Ally
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.50	P.O. Box 9001951
		Lewisville, KY 40290
_	DUBE CO-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Auto Cost for Travel in District and Travel out of
		District
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/17/2024	Ally
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.50	P.O. Box 9001951
		Lewisville, KY 40290
_	DUDDOOS	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Auto Cost for Travel in District and Travel out of
		District
_	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 4/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/07/2024	Ally
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$412.50	P.O. Box 9001951
	¥ 112.00	
L		Lewisville, KY 40290
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	ZA LIDITORL	Expense Check if Austin, TX, officeholder living expense
		Auto Cost for Travel in District and Travel out of
		District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/21/2024	Ally
_	Amount (\$)	Payee address; City; State; Zip Code
	\$412.50	P.O. Box 9001951
	\$41∠.50	L.O. DOY AGOTAST
		Lewisville, KY 40290
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAFLINDITORE	Expense Check if Austin, TX, officeholder living expense
		Auto Cost for Travel in District and Travel out of District
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/04/2024	Ally
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$412.50	P.O. Box 9001951
	φ412.50	1 .O. DOX 3001331
L		Lewisville, KY 40290
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EM LINDITURE	Expense Check if Austin, TX, officeholder living expense
		Auto Cost for Travel in District and Travel out of District
		District
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 5/116 Rpt:	Rose, Toni N. (The Honorable)
-	, , , , , , , , , , , , , , , , , , ,
4 Date	5 Payee name
03/15/2024	Ally
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$412.50	P.O. Box 9001951
	Lewisville, KY 40290
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related
LAFLINDITURE	Expense Check if Austin, TX, officeholder living expense
	Auto Cost for Travel in District and Travel out of District
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to belieff 6/0	
Date	Payee name
04/03/2024	Ally
Amount (\$)	Payee address; City; State; Zip Code
\$412.50	P.O. Box 9001951
	Lewisville, KY 40290
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
	Expense Light Check if Austin, TX, officeholder living expense
	District District
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/18/2024	Ally
Amount (\$)	Payee address; City; State; Zip Code
\$412.50	P.O. Box 9001951
Ψ412.30	1.0. 50% 3331331
	Lewisville, KY 40290
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
	Auto Cost for Travel in District and Travel out of District
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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 Committ 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		mmittee	Legal Services	•		ages	/Contract Labor		OTHER (enter a	strict a category not listed above))
		_		The Instruction G	uide explains r	now to con	npie	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/116 Rpt:		Rose, Toni I	N. (The Honora	able)					00067987		
4	Date	5	Payee name									
	05/03/2024		Ally									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$412.50		P.O. Box 90	01951								
			Lewisville, K	Y 40290								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			on Equipment				Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE		Expense					—		officeholder living		
								Auto Cost for District	Tra	avel in Distr	ict and Travel ou	t of
								DISTRICT				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	Office soug	ght			Office h	eld	
	experientare to benefit or or											
	Date		Payee name									
	05/15/2024		Ally									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$412.50		P.O. Box 90	01951								
			Lewisville, K	Y 40290								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			on Equipment	And Related	l		=			nplete Schedule T.	
			Expense					_		officeholder livin	g expense rict and Travel out	t of
								District	110	avei iii Disii	ici and maverou	l OI
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office soug	nht.			Office h	old	
	expenditure to benefit C/O		Januluale/Onic	centituei manne	O	mice soug	JIIL			Office II	eiu	
	Data											
	Date		Payee name									
	06/04/2024		Ally									
	Amount (\$)		Payee address	-	State;	Zip Coo	de					
	\$412.50		P.O. Box 90	01951								
			Lewisville, K	Y 40290								
	PURPOSE OF	(a)		e Categories listed at			(b)	Description	_			
	EXPENDITURE			on Equipment	And Related	l		ш			nplete Schedule T.	
			Expense					ш		officeholder living	ict and Travel out	t of
								District	110	avei iii Disti	ict and Travel ou	· Oi
	Complete ONLY if direct	Щ		ceholder name		Office soug	thr			Office h	eld	
	expenditure to benefit C/O		Janaidate/OIII	onorder name	O	moc soul	J111			Onice II	Oid	
_												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/18/2024	Ally
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$412.50	P.O. Box 9001951
		Lewisville, KY 40290
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Auto Cost for Travel in District and Travel out of
		District District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	05/16/2024	Aloft Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.80	109 E 7th St,
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food/Beverage
		1 Sour Develtage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/30/2024	Amazon Prime - Digital
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.24	33333 LBJ Freeway
		Dallas, TX 75241
	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 Membership
		Metriberarily
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

	Credit Card Payment		The Instruction Guide explains how to o	compl	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission	n Filers)
	Sch: 8/116 Rpt:		Rose, Toni N. (The Honorable)		00067987	
4 [Date	5	Payee name		•	
(02/29/2024		Amazon Prime - Digital			
6 /	Amount (\$)	7	Payee address; City; State; Zip C	Code		
	\$3.24		33333 LBJ Freeway			
			Dallas, TX 75241			
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.	
	LXI ENDITORE				Check if Austin, TX, officeholder living expense	
					Membership	
9 (Complete ONLY if direct	_	Candidate/Officeholder name Office so		t Office held	
	expenditure to benefit C/O		Candidate/Oniceriolder flame Onice sc	Jugni	t Office field	
		_				
	Date		Payee name			
	04/01/2024	L	Amazon Prime - Digital			
/	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$3.24		33333 LBJ Freeway			
			Dallas, TX 75241			
	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	
					Membership	
(Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u> </u>	t Office held	
	expenditure to benefit C/O	Н		J		
-	Date	Т	Payee name			
	04/30/2024		Amazon Prime - Digital			
	Amount (\$)	H	Payee address; City; State; Zip C	ode.		
,	\$3.24		33333 LBJ Freeway	Jouc		
	Ψ0.2-		occo EBO Freeway			
			Dallas, TX 75241			
		ļ.,		100	N -	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense	
					 Membership	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	t Office held	
(expenditure to benefit C/O	Н				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 9/116 Rpt:	Rose, Toni N. (The Honorable)
4	Date	5 Pavee name
4		
	05/30/2024	Amazon Prime - Digital
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.24	33333 LBJ Freeway
		,
		Dallas, TX 75241
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	'	
	Date	Payee name
	01/08/2024	Amazon Prime
	Amount (\$)	Payee address; City; State; Zip Code
	* *	
	\$16.23	33333 LBJ Freeway
		Dallas, TX 75241
	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
		Membership
	- 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	02/08/2024	Amazon Prime
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.23	33333 LBJ Freeway
		Dallas, TX 75241
	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
		Membership
		inicitibetatilh
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/08/2024	Amazon Prime
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.23	33333 LBJ Freeway
		Dallas, TX 75241
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/08/2024	Amazon Prime
	Amount (\$)	
	\$16.23	
	ΦΤΟ.ΖΟ	33333 LBJ Freeway
		Dallas, TX 75241
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>
	Date	Payee name
	05/08/2024	Amazon Prime
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.23	33333 LBJ Freeway
		Dallas, TX 75241
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Membership
		Wietinbership
	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 Com

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/04/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.24	P.O. Box 81226
		Seattle, WA 98108
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 Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	Para and a second
	Date	Payee name
L	01/05/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.95	P.O. Box 81226
		Seattle, WA 98108
	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
		Office Equipment
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/08/2024	Amazon.com, Inc
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$40.70	P.O. Box 81226
	¥ .0 0	. 15: 25: 52: 52: 52: 52: 52: 52: 52: 52: 5
		Seattle, WA 98108
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

	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: 12/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/08/2024	Amazon.com, Inc
6	Amount (\$) \$124.49	7 Payee address; City; State; Zip Code P.O. Box 81226
	¥==c	, 131 231 322
_		Seattle, WA 98108
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Equipment
		Office Equipment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	01/22/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.30	P.O. Box 81226
		Seattle, WA 98108
	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
		Membership fees
		Weinbership rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.10	P.O. Box 81226
		Seattle, WA 98108
	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 Supplies
\vdash	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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Service	es Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abov	re)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 13/116 Rpt:	Rose, Toni N. (The H	Honorable)				00067987		
4	Date	5 Payee name							
	01/24/2024	Amazon.com, Inc							
6	Amount (\$)	7 Payee address; Cit	ty; State; Zip C	ode					
	\$29.69	P.O. Box 81226							
		Seattle, WA 98108							
8	PURPOSE	(a) Category (See Categories	listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rer	ntal Expense					plete Schedule T.	
					Campaign sup		officeholder living	expense	
					Campaign 3u	ppi	103		
9	Complete ONLY if direct	Candidate/Officeholder r	name Office so	uaht			Office he	eld	
	expenditure to benefit C/OI			ag			000		
F	Date	Payee name							
	02/01/2024	Amazon.com, Inc							
_	Amount (\$)	Payee address; Cit	ty; State; Zip C	ode					
	\$37.88	P.O. Box 81226							
		Seattle, WA 98108							
	PURPOSE	(a) Category (See Categories	listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rer	ntal Expense		=		de of Texas. Com officeholder living	plete Schedule T.	
					Office Equipm			expense	
							.•		
	Complete ONLY if direct	Candidate/Officeholder r	name Office so	ught			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	02/05/2024	Amazon.com, Inc							
	Amount (\$)	Payee address; Cit	ty; State; Zip C	ode					
	\$37.56	P.O. Box 81226							
		Seattle, WA 98108							
	PURPOSE OF	(a) Category (See Categories		(b)	Description				
	EXPENDITURE	Office Overhead/Rer	ntal Expense				de of Texas. Com officeholder living	plete Schedule T.	
					Campaign Su			expense	
					_ apaigii ou	~~			
	Complete ONLY if direct	Candidate/Officeholder r	name Office so	ught			Office he	eld	
	expenditure to benefit C/OI								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4 Date	5 Payee name	<u> </u>
02/06/2024	Amazon.com, Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$36.57	P.O. Box 81226	
	Seattle, WA 98108	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Campaign Supplies
		25
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
·		
Date	Payee name	
02/06/2024	Amazon.com, Inc	
Amount (\$)	Payee address; City; State; Zip Co	de
\$48.08	P.O. Box 81226	
	Seattle, WA 98108	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Supplies
		Campaign Cappings
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
02/07/2024	Amazon.com, Inc	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$81.23	P.O. Box 81226	
**		
	Seattle, WA 98108	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Nethal Expense	Check if Austin, TX, officeholder living expense
		Campaign Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	п	

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	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: 15/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/20/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$211.56	P.O. Box 81226
		Seattle, WA 98108
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.
		Capitol Office Supplies
		Capitol Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	02/26/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.59	P.O. Box 81226
		Seattle, WA 98108
	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 Event Supplies
		Everit Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/26/2024	Payee name
		Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.16	P.O. Box 81226
		Seattle, WA 98108
	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 Office Supplies
		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 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/27/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.76	P.O. Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaigh Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/28/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.88	P.O. Box 81226
		Seattle, WA 98108
	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 Office Supplies
		Cinice Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/05/2024	Payee name Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.18	P.O. Box 81226
		Seattle, WA 98108
	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 Supplies
		Gampang Gappings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schodula F1:		_			
	Total pages Schedule F1: Sch: 17/116 Rpt:	Rose, Toni N. (The Honorable)				
Ļ	·		_			
4	Date	5 Payee name				
L	03/14/2024	Amazon.com, Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$70.32	P.O. Box 81226				
		Seattle, WA 98108				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
ľ	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Campaign Supplies				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OF	H				
H	Date	Payee name	=			
	03/14/2024	Amazon.com, Inc	ſ			
_			_			
	Amount (\$)	Payee address; City; State; Zip Code				
	\$32.44	P.O. Box 81226				
			ſ			
L		Seattle, WA 98108				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Campaign Supplies				
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	4			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
L			_			
	Date	Payee name	ĺ			
L	03/14/2024	Amazon.com, Inc				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$6.15	P.O. Box 81226	ſ			
		Seattle, WA 98108	ĺ			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-			
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Capitol Office Supplies	ĺ			
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
			ĺ			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 18/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/14/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.87	P.O. Box 81226
		Seattle, WA 98108
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.
		Capitol Supplies
		σαριίοι σαρριίος
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	03/14/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.33	P.O. Box 81226
		Seattle, WA 98108
	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
		Legislative Resources
		3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/21/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.18	P.O. Box 81226
	¥220.20	
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign equipment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/22/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.56	P.O. Box 81226
		Seattle, WA 98108
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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Pausa noma
	03/22/2024	Payee name Amazon.com, Inc
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.61	P.O. Box 81226
		0
		Seattle, WA 98108
	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
		Legislative Resources
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.54	P.O. Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
_		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 20/116 Rpt:	ı	Rose, Toni N. (The Honorable)				00067987
4	Date	5	Payee name			·	
	03/25/2024		Amazon.com, Inc				
6	Amount (\$) \$32.46		Payee address; City; State; P.O. Box 81226 Seattle, WA 98108	Zip Co	de		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheroffice Overhead/Rental Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense DUTCES
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght		Office held
	Date		Payee name				
	03/26/2024		Amazon.com, Inc				
	Amount (\$) \$31.38	l	Payee address; City; State; P.O. Box 81226	Zip Co	de		
			Seattle, WA 98108				
	PURPOSE OF EXPENDITURE	ı	Category (See Categories listed at the top of this scheroffice Overhead/Rental Expense	dule)	ш	, TX,	de of Texas. Complete Schedule T. officeholder living expense //embership
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght		Office held
	Date	ı	Payee name				
	03/26/2024	_	Amazon.com, Inc				
	Amount (\$) \$55.13	ı	Payee address; City; State; P.O. Box 81226	Zip Co	de		
			Seattle, WA 98108				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheroffice Overhead/Rental Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
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					
1	Total pages Schodula F1:	<u> </u>	-			
	Total pages Schedule F1: Sch: 21/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987				
Ļ	·	/	_			
4	Date	5 Payee name				
L	03/26/2024	Amazon.com, Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$22.73	P.O. Box 81226				
		Seattle, WA 98108				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
ľ	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Office Supplies				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	Н				
H	Date	Payee name	=			
	04/01/2024	Amazon.com, Inc				
_		·	_			
	Amount (\$)	Payee address; City; State; Zip Code				
	\$43.91	P.O. Box 81226				
L		Seattle, WA 98108				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense				
		Office Supplies				
_	Operation Children	Out districts (Office helder name	_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
			_			
	Date	Payee name				
	04/09/2024	Amazon.com, Inc	ĺ			
	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.16	P.O. Box 81226				
			ſ			
		Seattle, WA 98108				
	PURPOSE		4			
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense	ſ			
		Campaign Supplies	ſ			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OH					
			-			

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/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4 Date	5 Payee name
04/09/2024	Amazon.com, Inc
6 Amount (\$) \$27.80	7 Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/09/2024	Amazon.com, Inc
Amount (\$) \$70.34	Payee address; City; State; Zip Code P.O. Box 81226
	Seattle, WA 98108
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 04/09/2024	Payee name Amazon.com, Inc
Amount (\$) \$18.50	Payee address; City; State; Zip Code P.O. Box 81226
	Seattle, WA 98108
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 Office Supplies
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: 23/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/22/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.62	P.O. Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign Supplies
		Campaigh Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	04/22/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.43	P.O. Box 81226
		Seattle, WA 98108
	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 Office Equipment
		Office Equipment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	04/23/2024	Payee name
		Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.40	P.O. Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Legislative Resources
		Legislative Nesources
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 24/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/30/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.45	P.O. Box 81226
		Seattle, WA 98108
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/03/2024	Amazon.com, Inc
_	Amount (\$)	Payee address; City; State; Zip Code
	\$36.24	P.O. Box 81226
	Ψ00.2-	F.O. BOX 61220
		Seattle, WA 98108
	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 Legislative Resources
	!	Logislative (16554, 555
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	05/07/2024	Payee name Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.92	P.O. Box 81226
	l	0
		Seattle, WA 98108
	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
		District Office Suppl
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 25/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4 Date	5 Payee name	•
05/13/2024	Amazon.com, Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$70.50	P.O. Box 81226	
	Seattle, WA 98108	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		District Office Suppl
		25.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
·		
Date	Payee name	
05/13/2024	Amazon.com, Inc	
Amount (\$)	Payee address; City; State; Zip Co	de
\$20.08	P.O. Box 81226	
	Seattle, WA 98108	
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 Office Supplies
		C.mos cuppinos
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
05/14/2024	Amazon.com, Inc	
Amount (\$)	Payee address; City; State; Zip Co	de
\$43.30	P.O. Box 81226	
* ******		
	Seattle, WA 98108	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overficad/Nertial Expense	Check if Austin, TX, officeholder living expense
		Membership fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/20/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.74	P.O. Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 05/21/2024	Payee name
		Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.04	P.O. Box 81226
		Seattle, WA 98108
	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
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/30/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.87	P.O. Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Legislative Resources
L	Complete ONLY if alias -t	Condidate/Officeholder name Office equality Office hald
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	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: 27/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/03/2024	Amazon.com, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.89	P.O. Box 81226
		Seattle, WA 98108
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 District Office Suppl
		District Office Suppli
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/10/2024	Amazon.com, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.02	P.O. Box 81226
		Seattle, WA 98108
	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 Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/29/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$388.06	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense NOBEL Women Equity & Justice Summit
		NOBEL Women Equity & Justice Summit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 28/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date 02/06/2024	5 Payee name American Airlines
6	Amount (\$) \$780.20	7 Payee address; City; State; Zip Code 4333 Amon Carter Blvd.
8	PURPOSE	Ft. Worth, TX 76155 (a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DST Annual Legislative Conference
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/21/2024	Payee name American Airlines
	Amount (\$) \$406.20	Payee address; City; State; Zip Code 4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Visit to the United Nations
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/04/2024	Payee name American Airlines
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight Change Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/06/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.00	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
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 Flight Change Fee
		r light Ghange ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	04/15/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$448.20	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Campaign Fundraiser in McAllen
		Campaigh Fundraiser in McAilen
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	04/15/2024	Payee name American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.10	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight Change Fee
		Flight Change Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/28/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$534.94	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Democratic Convention in El Paso
		Democratic Convention in Lin aso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
		Payee name
	06/05/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$632.95	4333 Amon Carter Blvd.
		Ft. Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Juneteenth Event at White House
		Juneteenth Event at white house
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/12/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	4000 E. Sky Harbor Blvd.
		Phoenix, AZ 85034
	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
		Baggage Fee
	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 31/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/12/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$249.00	4000 E. Sky Harbor Blvd.
		Phoenix, AZ 85034
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
		Change Flight Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/04/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.01	4000 E. Sky Harbor Blvd.
		Phoenix, AZ 85034
	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
		Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/12/2024	Angela Alsobrooks Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 6058
		Largo, MD 20792
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	,
	Total pages Schedule F1:	
	Sch: 32/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/27/2024	Apparel In Bag
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$139.77	3030 N. Rocky Point Dr., Ste. 150
	Ψ100.11	SSSS THE COLLY FORK DITY STOP 200
L		Tampa, FL 33607
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EAFENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Apparel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Davis same
	Date	Payee name
	01/11/2024	Arnold, Tramon
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.00	1205 Golden Trophy
		Dallas, TX 75232
_	DUDD 0.5-	1
	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 expenses
		Campaign Data entry
		Campaign Data entry
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialities to beliefft C/OI	<u> </u>
	Date	Payee name
	01/11/2024	Arnold, Tramon
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$15.00	1205 Golden Trophy
		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Data entry
	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 Commit

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/06/2024	Arnold, Tramon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.72	1205 Golden Trophy
		Dallas, TX 75232
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign Data entry
		Campaign Data only
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	02/20/2024	Arnold, Tramon
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1205 Golden Trophy
	Ψ200.00	1200 Colucti Hopily
		Dallas, TX 75232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Data entry
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/20/2024	Arnold, Tramon
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.69	1205 Golden Trophy
		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Campaign Data entry
		Sampaigh Data Chuy
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 34/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/07/2024	Arnold, Tramon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$165.00	1205 Golden Trophy
		Dallas, TX 75232
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign Data entry
		Campaign Battle Chity
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	01/22/2024	BMA Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
	700.02	
		Dallas, TX 75224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense District Office Security
		District Chief Security
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2024	BMA Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		District Office Security
	Complete ONLY if divert	Candidate/Officeholder name Office cought Office hold
	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 Expense Legal Services The Instruction Guide exp	Salaries/\	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Di: OTHER (enter a		oove)
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 35/116 Rpt:	Rose, Toni	N. (The Honorable)				(00067987		
4	Date	5 Payee name	,				•			
	03/21/2024	BMA Syste								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$38.92	1302 Bruni		·						
		Dallas, TX	75224							
8	PURPOSE				(h)	Description				
ľ	OF		See Categories listed at the top of the rhead/Rental Expense	this schedule)	(6)	Description Check if travel	outsid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Ove	meau/Nemai Expense			_		officeholder living		
						District Office	Se	curity		
9	Complete ONLY if direct		ficeholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	4								
T	Date	Payee name)							
	04/22/2024	BMA Syste								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$38.92	1302 Bruni	ner Ave							
		Dallas, TX								
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description		4		
	EXPENDITURE	Office Ove	rhead/Rental Expense			ш		e of Texas. Com officeholder living	plete Schedule T.	
						District Office			g expense	
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OH									
-	Date	Dayoo nama	<u> </u>							
	05/21/2024	Payee name BMA Syste								
				Ctoto: 7:- C	ods					
	Amount (\$)	Payee addre		State; Zip Co	oue					
	\$38.92	1302 Bruni	iei Ave							
		Dallas, TX	75224							
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description	_			
	EXPENDITURE	Office Ove	rhead/Rental Expense						plete Schedule T.	
						District Office		officeholder living	g expense	
						District Office		Janey		
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	laht			Office he	ald.	
	expenditure to benefit C/O		noonoider ridiffe	Silice 300	agrit			Cilice III	oi u	
Ļ	rms provided by Texas F	4h: O	i	L!== =1 · / · /					Manaian MA 4 4	3 -1070 - 1- 3
-0	rins brovided by Texas F	itiics Commiss	1011 WWW Eth	hics state tx i	ıs				Version V4 1 (1 (13 / Xana()

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: 36/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/21/2024	BMA Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.92	1302 Brunner Ave
		Dallas, TX 75224
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Security
		2.53.134 3.1155 3.353.11,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	02/28/2024	Payee name Path & Rody Works
		Bath & Body Works
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.51	305 W. Farm to Market Road 1382
		Cedar Hill, TX 75104
	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 Office Supplies
		отпос одржав
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	
	Date	Payee name
	01/09/2024	Baumann Promos
	Amount (\$)	Payee address; City; State; Zip Code
	\$809.71	12000 E. Davis St., #115
		Mesquite, TX 75149
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Legislative Office Equipment
		Legislative Office Equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 37/116 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	05/20/2024	Belk, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.06	2801 W. Tyvola Rd.	
		Charlotte, NC 28217	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
		Campaign cappilos	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	05/20/2024	Belk, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.64	2801 W. Tyvola Rd.	
		Charlotte, NC 28217	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
	Operation ONLY if allowed	On didn't Office helds	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date	Payee name	
	03/19/2024	Belk	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.60	2801 W Tyvola Rd	
		Charlotte, WA 28217	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
_	Complete ONLY if alice -	Condidate/Officeholder name Office cought	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ent Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Fravel 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: 38/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date 06/04/2024	5 Payee name Belk
6	Amount (\$) \$210.66	7 Payee address; City; State; Zip Code 2801 W Tyvola Rd
Ļ	DUDDOGE	Charlotte, WA 28217
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/06/2024	Payee name Belk
	Amount (\$) \$86.38	Payee address; City; State; Zip Code 2801 W Tyvola Rd
		Charlotte, WA 28217
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/07/2024	Payee name Best Buy
	Amount (\$) \$64.93	Payee address; City; State; Zip Code 7601 Penn Ave S
		Minneapolis, MN 55423
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Computer Maintenance
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 39/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/22/2024	Best Buy
6	Amount (\$) \$216.48	7 Payee address; City; State; Zip Code 731 N. Hwy 67 Cedar Hill, TX 75104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Computer Maintenance
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2024	Bounce Universal Party Rental
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	422 Meadowhill Dr.
		Garland, TX 75043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2024	Bridging the Gap Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$316.50	P.O. Box 763724
		Dallas, TX 75376
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Donation/ Event Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	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:		3 Filer ID (Ethics Commission Filers)
	Sch: 40/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	02/12/2024	Bridging the Gap Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,030.00	P.O. Box 763724	
		Dallas, TX 75376	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
	EXPENDITORE		TX, officeholder living expense
		Donation/ Eve	ent Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	03/25/2024	CANVA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.99	75 E. Santa Clara St.	
	4110.00	70 L. Garia Giara Gi	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	utside of Texas. Complete Schedule T.
		Check if Austin, Marketing Sof	TX, officeholder living expense
		Warketing Soi	twate
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Payee name	
	05/13/2024	CLEAR	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$189.00	65 E. 55th St.	
		New York, NY 10022	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	utside of Texas. Complete Schedule T.
		Li Check if Austin, Airport Securi	TX, officeholder living expense
		Airport Securi	iy r cc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 41/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/14/2024	Cedar Crest Church of Christ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	2134 Cedar Crest Blvd.
	1	
		Dallas, TX 75203
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Donation
	1	2 3.100.0
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	01/09/2024	Payee name Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Tapelo Rd.
	!	
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Software Access
	!	Littali Sultware Access
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/09/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Tapelo Rd.
	!	
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
	1	Email Software Access
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held 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: 42/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/11/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.35	1601 Tapelo Rd.
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Software Access
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	04/09/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Tapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Software Access
		Email Software Access
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	05/09/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Tapelo Rd.
		Waltham, MA 02451
	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
		Email Software Access
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

	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: 43/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/10/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.35	1601 Tapelo Rd.
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Software Access
		Email Software 7,00035
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/10/2024	Courtyard McAllen Airport
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$125.76	2131 S 10th St
		McAllen, TX 78503
	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 Member Lodging
		monition Loaging
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/29/2024	Courtyard Washington, DC Dupont Circle
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.18	1733 N St NW
		Washington, DC 20036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Member Lodging
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manus Oct 11 51	,
1	Total pages Schedule F1:	
	Sch: 44/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/17/2024	Creative Goods Merchandise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.18	213 W. 40th St., 6th Floor
		
		Nov. Vorle NV 10010
		New York, NY 10018
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Constituent Gifts
		Consuluent Girls
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/04/2024	Crystal Chism Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 1942
		DeSoto, TX 75123
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
_		
	Date	Payee name
	02/13/2024	D4Women In Action
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1707 New Hampshire Ave., NW
		Washington, DC 20009
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	02/16/2024	Dallas County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	1414 N. Washington Ave	
		Dallas, TX 75204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions Made by	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense ction Donation
		Tima y 2100	Scient Denation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	
_	Date	Payee name	
	02/09/2024	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.08	1954 Commerce St	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austi	in, TX, officeholder living expense
		News Subsc	inpuon
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	03/11/2024	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.51	1954 Commerce St	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	el outside of Texas. Complete Schedule T.
		☐ Check if Austi News Subsc	in, TX, officeholder living expense
		News Subst	ліриоп
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oh	•	C65
l			

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

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

	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: 46/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/09/2024	Dallas Morning News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		News Subscription
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense News Subscription
		News Subscription
	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		News Subscription
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•
1		

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 Commit

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/01/2024	Dear Delta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.70	1221 Bowers St. #3005
		Birmingham, MI 48012
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gift for Constituent
		Sitt for Constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	05/10/2024	Dear Delta
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.38	1221 Bowers St. #3005
		Birmingham, MI 48012
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gift for Constituent
		Sitt for Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/14/2024	Dee Dawkins-Haigler Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6050 Kingston Wood Way
	,	and the second s
		Lithonia, GA 30038
	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
		Campaign Contribution
	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/ Office header (Political Communications)

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			Legal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction (Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 48/116 Rpt:		Rose, Toni N. (The Honorable)							00067987		
4	Date	5	Payee name									
	02/05/2024		Delta Sigma Theta Sorority, Inc., Dallas Alumnae Chapter									
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$100.00		P.O. Box 22	2051								
			Dallas, TX 7	5222								
8	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By						nplete Schedule T.	
			Candidate/C	Officeholder/Po	olitical Comr	nittee		Event Subscr		officeholder livin	ig expense	
								LVEIII SUDSCI	ipti	011/1-663		
9	Complete ONLY if direct	<u> </u>		ceholder name		Office sou	aht			Office h	nald	
9	expenditure to benefit C/OI		Januluale/Onic	centituel flame		Office Sou	yııı			Office fi	leiu	
_	Data											_
	Date 04/04/2024		Payee name	Thata Cararit	u Ing. Dalle	ac Alumn	20 (Chantar				
		L		Theta Sororit								
	Amount (\$)		Payee address	, ,,	State	e; Zip Co	ae					
	\$102.56		P.O. Box 22	2051								
			- II									
			Dallas, TX 7	5222		,						
	PURPOSE OF	(a)		e Categories listed at		hedule)	(b)	Description	outoi.	do of Toyon Con	malata Cabadula T	
	EXPENDITURE		Continuations Made by						l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
			Our laidate/ C	inocholaci, i c	muodi Oomi	mucc		Event Subscr				
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									_
	05/31/2024		Delta Sigma	Theta Sororit	y, Inc., Dalla	as Alumn	ae (Chapter				
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$52.32		P.O. Box 22	2051								
			Dallas, TX 7	5222								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,		Check if travel			mplete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Po	litical Comr	nittee				officeholder livin	ig expense	
								Event Subscr	ıptı	un/Fees		
	Complete ONLY if divert	Ļ	Condidate /Off	oholder nems		Office as:	aht			Office !-	vold	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Offic	ceholder name		Office sou	ynt			Office h	leiu	
	•											

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	The Instruction Guide explains how to com	-	, , , , , , , , , , , , , , , , , , ,						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 49/116 Rpt:	Rose, Toni N. (The Honorable) 00067987								
4	Date	5 Payee name								
	06/05/2024	Delta Sigma Theta Sorority, Inc., Dallas Alumnae	e Ch	napter						
6	Amount (\$)	7 Payee address; City; State; Zip Code	е							
	\$1,550.00	P.O. Box 222051								
		Dallas, TX 75222								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description						
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.						
		Candidate/Officeholder/Political Committee	Ļ	Check if Austin, TX, officeholder living expense						
				event Subscription/Fees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	at.	Office held						
9	expenditure to benefit C/O		IL	Office field						
_	5 .									
	Date	Payee name								
	01/17/2024	Delta Sigma Theta Sorority, Inc.								
	Amount (\$)	Payee address; City; State; Zip Code	е							
	\$240.00	1707 New Hampshire Ave., NW								
		Washington, DC 20009								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description						
	OF EXPENDITURE	Fees	Ē	Check if travel outside of Texas. Complete Schedule T.						
			Ļ	Check if Austin, TX, officeholder living expense Event Registration						
			_	Territ (Cegioti attori						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .	Office held						
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·								
-	Date	Daylog nama								
	01/17/2024	Payee name Delta Sigma Theta Sorority, Inc.								
		,								
	Amount (\$) \$562.87	Payee address; City; State; Zip Code 1707 New Hampshire Ave., NW	е							
	φ302.67	1707 New Hampshire Ave., NVV								
		Washington DO 20000								
		Washington, DC 20009								
	PURPOSE OF	c , (con amagement mane top or and constant)	b) D	Description						
	EXPENDITURE	Advertising Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
			P	Publication Donation/Sponsorship						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/16/2024	Delta Sigma Theta Sorority, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1707 New Hampshire Ave., NW
		Washington, DC 20009
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 Event Registration
		Event Registration
_	Operation ONLY if all part	Our History (Office health and the control of the c
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2024	Delta Sigma Theta Sorority, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1707 New Hampshire Ave., NW
		Washington, DC 20009
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Delta Research and Education Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2024	Delta Sigma Theta Sorority, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	1707 New Hampshire Ave., NW
		Washington, DC 20009
	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Event Registration
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/22/2024	Delta Sigma Theta Sorority, Inc.
6	Amount (\$) \$339.28	7 Payee address; City; State; Zip Code 1707 New Hampshire Ave., NW
	Ψ000.20	Tror New Hampshire / Wes, 1444
		Washington, DC 20009
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 Event Registration - Eastern Regional Conference
		Event Regional Control
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2024	Dodd, Education & Support Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,031.00	P.O. Box 226601
		Dallas, TX 75222
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation/Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/02/2024	Dodd, Education & Support Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 226601
		Dallas, TX 75222
	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
		Bondion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 52/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/08/2024	Dodd, Education & Support Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.00	P.O. Box 226601
		Dallas, TX 75222
8	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 rocessing ree
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Date	Payee name
	06/03/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.30	500 W William Cannon Dr 434 Southridge
		Austin, TX 78745
	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 Capitol Office Suplies
		Capitor Office Supiles
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payes name
	04/11/2024	Payee name Double Good Popcorn
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.55	16W030 83rd st.
		Barr Ridge, IL 60527
	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
	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 Commi

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 53/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/11/2024	Double Good Popcorn
6	Amount (\$) \$78.91	7 Payee address; City; State; Zip Code 16W030 83rd st. Barr Ridge, IL 60527
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	06/14/2024	Elite News
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	3155 S. Lancaster Rd, Ste 240
		Dallas, TX 75216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		4th Annual Juneteenth Event Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2024	Fairmont Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,192.97	101 Red River St
	\$1,102.01	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Member Lodging
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/16/2024	Family Dollar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.12	3200 S. Lancater Rd., Ste. 750
		Dallas, TX 75216
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 District Office Supplies
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	01/26/2024	Payee name
		Family Dollar
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.63	3200 S. Lancater Rd., Ste. 750
		Dallas, TX 75216
	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 District Office Supplies
		District Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/26/2024	Family Dollar
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.80	4422 S. Marsalis Ave.
		Dallas, TX 75216
	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 Supplies
		Gampang Gappings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				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 Commiss	sion Filers)	
	Sch: 55/116 Rpt:		Rose, Toni N. (The Honorable)							00067987			
4	Date	5	Payee name										
	03/15/2024		Family Dolla	ır									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de						
	\$129.29		4422 S. Mar	salis Ave.									
			Dallas, TX 7	5216									
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedul	ıle)	(b)	Description					
	OF EXPENDITURE			nead/Rental Exp		,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITORE							_		officeholder livin	g expense		
								District Office	: Sı	ıpplies			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld		
	——————————————————————————————————————	'											
	Date		Payee name										
	03/18/2024		Family Dolla	ır									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de						
	\$34.65		4422 S. Mar	salis Ave.									
			Dallas, TX 7	5216									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedul	ıle) ((b)	Description					
	OF EXPENDITURE			nead/Rental Exp				=			nplete Schedule T.		
								—	, TX, officeholder living expense				
								District Office	: St	applies			
_	Computate ONLY if dispost	<u> </u>	Condidate (Offic		Offic		. la #			Office b	ماما		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Опіс	ce soug	gnt			Office h	eia		
		_											
	Date		Payee name										
	04/25/2024		Family Dolla	ır									
	Amount (\$)		Payee addres	•	State; Z	Zip Cod	de						
	\$21.82		4422 S. Mar	salis Ave.									
			Dallas, TX 7	5216									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedul	ile)	(b)	Description					
	OF EXPENDITURE		Office Overh	nead/Rental Exp	oense			ш			nplete Schedule T.		
								District Office		officeholder livin	g expense		
								DISTRICT OTHER	<i>,</i> J	iphiica			
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	eholder name	Offic	ce soug	ıht			Office h	eld		
	expenditure to benefit C/O		Januidale/OIII	onoluci naine	Onic	oc soug) I I L			Onice II	ciu		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/09/2024	Family Dollar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.91	4422 S. Marsalis Ave.
		Dallas, TX 75216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense District Office Supplies
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Davies same
	05/14/2024	Payee name Four Seasons
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.15	98 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food/Beverage
		1 oour Develage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	05/14/2024	Four Seasons
	Amount (\$) \$22.00	Payee address; City; State; Zip Code 98 San Jacinto Blvd
	Φ22.00	90 San Jacinio Bivu
		A (1) TV T0T04
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Travel in District Travel Out of District OTHER (enter a ca	ct tegory not listed above)		
1	Total pages Schedule F1:	2 FILER NA	AME				3 Filer ID ((Ethics Commission Filers)
	Sch: 57/116 Rpt:		oni N. (The Honorable	e)			00067987	
4	Date	5 Payee na						
	01/02/2024	Fresh Do	etail ————————————————————————————————————					
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Coc	le		
	\$85.00	1725 Ov	erton Rd					
		Dallas, 1	X 75216					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ule)	(b) Description		
	OF EXPENDITURE	-	rtation Equipment An	d Related		=	outside of Texas. Comple	
		Expense	!			Car Maintena	n, TX, officeholder living ex Ance	vheuge
						Cai mainen		
9	Complete ONLY if direct	Candidate/	Officeholder name	Off	ice soug	ıht	Office held	<u> </u>
	expenditure to benefit C/Oh			211	9	•	200010	
H	Date	Payee na	me					
	04/02/2024	Fresh De						
	Amount (\$)	Payee ad	dress; City;	State;	Zip Cod	le		
	\$150.00	1725 Ov	erton Rd					
		Dallas, 1	X 75216					
	PURPOSE OF		(See Categories listed at the		ule)	(b) Description		
	EXPENDITURE		rtation Equipment An	d Related			outside of Texas. Comple n, TX, officeholder living ex	
		Expense	-			Car Maintena		r -
	Complete ONLY if direct	Candidate/	Officeholder name	Off	ice soug	ıht	Office held	I
	expenditure to benefit C/OH							
	Date	Payee na	me					
	06/12/2024	Fresh Do	etail					
	Amount (\$)	Payee ad	dress; City;	State;	Zip Coc	le		
	\$95.00	1725 Ov	erton Rd					
		Dallas, 1	X 75216					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ule)	(b) Description		
	OF EXPENDITURE	Transpo	rtation Equipment An				outside of Texas. Comple	
		Expense	1			_	n, TX, officeholder living ex	kpense
						Car Maintena	ance	
	Complete ONLY if direct	Candidate/	Officeholder name	Off	ice soug	ıht	Office held	<u> </u>
	expenditure to benefit C/O	Sa. midato/	CSeriolaer Harrie	OII	.50 50ug	,	Since Hele	•
Eor	rms provided by Tevas F	nice Comm	iccion	w othics sta	ato ty uc		\/	orsion V// 1 0 d278aba0

SCHEDULE F1

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			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 Commis	sion Filers)
	Sch: 58/116 Rpt:		Rose, Toni I	N. (The Honora	able)					00067987		
4	Date	5	Payee name									
	04/29/2024		Friendship V	Vest Baptist Cl	hurch							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$250.00		2020 W. Wh	eatland Rd.								
			Dallas, TX 7	5232								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By						mplete Schedule T.	
	EXI ENDITORE		Candidate/C	Officeholder/Po	litical Comr	nittee		—	, TX,	officeholder livir	ig expense	
								Donation				
Ļ	Committee ONII V if allowed	L,	0	l l-l		04:	1-4			O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	centituer name		Office sou	gnt			Office h	ieid	
_		_										
	Date		Payee name									
	05/01/2024		Front Street	Station								
	Amount (\$)		Payee addres	•	State	e; Zip Co	de					
	\$550.00		203 W. Mair	n St.								
			Mesquite, T	X 75149								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	,						mplete Schedule T.	
			Candidate/C	Officeholder/Po	litical Comr	nittee		Event Sponso		officeholder livir	ig expense	
								Event Spons	013	пр		
	Complete ONLY if direct		Candidate/Offic	reholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		Janalaate/Onic	cholder hame		Office 300	grit			Office i	iciu	
-	Data	_										
	Date 05/06/2024		Payee name	Help (Greg Elli	s Equadatio	nn)						
							-1-					
	Amount (\$)		Payee addres		State	e; Zip Co	ae					
	\$500.00		P.O. Box 96	075								
				E) / 70000								
			Southlake, 1									
	PURPOSE OF	(a)		e Categories listed at		chedule)	(b)	Description	oto:	do of Toyon Co	mplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		mittee				officeholder livir	•	
			Carialdate/C	omiceriolaei/i o	illicai Comi	intice		Donation	,,		.g	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to co	-		HER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID	(Ethics Commission Filers)
	Sch: 59/116 Rpt:	Rose, Toni N. (The Honorable)		00	067987	
4	Date	5 Payee name				
	03/11/2024	Grand Hyatt				
6	Amount (\$) \$30.20	7 Payee address; City; State; Zip Co 1000 H St NW	ab			
		Washington, DC 78205				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside o Check if Austin, TX, office Food		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght		Office he	ld
	Date	Payee name				
	03/13/2024	Grand Hyatt				
	Amount (\$) \$1,319.18	Payee address; City; State; Zip Co 1000 H St NW Washington, DC 78205	alc			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		Description Check if travel outside o Check if Austin, TX, office Lodging		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sour	ght		Office he	eld
	Date 04/01/2024	Payee name Hope Encourage Love Protect (H.E.L.P.)				
	Amount (\$) \$150.00	Payee address; City; State; Zip Co 400 N. Ervay St. #133054 Dallas, TX 75313	e			
	DUDDOSE	(-) -	(b)	Decembries		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside o Check if Austin, TX, office MLK Parade Entry	ceholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sour	ght		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	nission Filers)
	Sch: 60/116 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
l	06/10/2024	Hotel Paso Del Norte	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$712.64	10 Henry Trost Ct.	
l			
l		El Paso, TX 79901	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Lodging/Texas Democratic Convention	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	UR	
Г	Date	Payee name	
l	01/25/2024	Houston Chronicle	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$19.62	801 Texas Ave	
l			
		Houston, TX 77002	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		News Subscription	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
⊨	Dete		
l	Date 02/22/2024	Payee name Houston Chronicle	
┡			
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$19.62	801 Texas Ave	
l			
L		Houston, TX 77002	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		News Subscription	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 61/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	03/21/2024	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.62	801 Texas Ave	
		Houston, TX 77002	
8	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			News Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Great	'	
	Date	Payee name	
	04/19/2024	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.62	801 Texas Ave	
l		Houston, TX 77002	
	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.
l	EXI ENDITORE		Check if Austin, TX, officeholder living expense
l			News Subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	•	Office field
⊨	<u> </u>		
	Date	Payee name	
	05/16/2024	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.62	801 Texas Ave	
		Houston, TX 77002	
	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
			News Subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinco Hold

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 Lenal 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: 62/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/13/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.62	801 Texas Ave
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		News Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	06/28/2024	JCPenney
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.92	6501 Legacy Drivve
	!	
		Plano, TX 75024
	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
	!	Office Dcor
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	-
	Date	Payee name
	01/25/2024	Jack & Jill Dallas Chapter
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	10917 Carisssa Dr.
	!	
	!	Dallas, TX 75218
	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
		202 i Boadailloi i Boildaoil
	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 Committ 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 63/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
•	04/23/2024	Jarvis Johnson Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 16600
		Houston, TX 77222
		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	06/05/2024	Joyce Florist
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$1,087.85	2729 S. Hampton Rd.
		Dallas, TX 75224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Account Fee (Congratulatory/Bereavement Gifts)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Daysa nama
	06/07/2024	Payee name Kanna Kamn
		Карра Катр
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	3837 Simpson Stuart Rd.
		Dallas, TX 75241
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation for Kids Camp Programming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Cohedule F1:		_
	Total pages Schedule F1: Sch: 64/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987	
4	Date	5 Payee name	_
	04/05/2024	LaKeshia Myers Campaign	
بـا			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 250620	
L		Milwaukee, WI 53225	
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	
		Campaign Contribution	
_	0 1: 0:::::::::::::::::::::::::::::::::		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
L	04/09/2024	Lamont Plumbing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	5733 Marietta Ln.	
		Dallas, TX 75241	
	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 TV, officeholder living expense.	
		Check if Austin, TX, officeholder living expense Office Repairs	
		Onice repairs	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash	Data		_
	Date	Payee name	
	05/16/2024	Lauren Simmons Campaign	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 56386	
		Houston, TX 77256	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	7
	OF EXPENDITURE	Contributions/Donations Made By	ľ
	LAI LINDITURE	Candidate/Officeholder/Political Committee	ľ
		Campaign Contribution	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 65/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/07/2024	Macy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.51	151 West 34th Street
		New York, TX 10001
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 Office Dcor
		Office Deal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨		
	Date	Payee name
L	02/07/2024	Macy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.98	151 West 34th Street
		New York, TX 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Office Dcor
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
	05/17/2024	Macy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.78	151 West 34th Street
		New York, TX 10001
	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
		Office Dcor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 66/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	05/20/2024	Macy's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.65	151 West 34th Street	
		New York, TX 10001	
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 Office Dcor
			Office DC01
_	Complete ONL V if direct	Condidate/Officeholder name Office sough	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	05/20/2024	Macy's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.95	151 West 34th Street	
		New York, TX 10001	
	PURPOSE OF	, (Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Office Door
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	3	
-	Date	Payee name	
	02/26/2024	Macy's	
L		-	
	Amount (\$) \$85.51	Payee address; City; State; Zip Code	
	16.60¢	8687 N. Central Expy #800	
		D-II TV 75005	
		Dallas, TX 75225	
	PURPOSE OF	,	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Office Door
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Since Held
L			

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries	Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 67/116 Rpt:	Rose, Toni	N. (The Honorable)				L	00067987	
4	Date	5 Payee name)			•			
	04/08/2024	Marriot Ma	rquis Houston						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$116.92	1777 Walk	er St						
		Houston, T	X 77010						
8	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description			
	OF		rhead/Rental Expense			_ ·	outsi	de of Texas. Com	olete Schedule T.
	EXPENDITURE		·			\Box		officeholder living	
						NBCSL Region	ona	ll Policy Sun	nmit
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	ught			Office he	eld
	Date	Payee name)						
	02/16/2024	Maxaroma							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$115.22	31-17 38th	Ave.						
		Long Islan	d City, NY 11101						
	PURPOSE	-	See Categories listed at the top of	this schedule)	(b)	Description			
	OF		s/Memorials Expense	and deridually		_ :	outsi	de of Texas. Com	olete Schedule T.
	EXPENDITURE		•			_		officeholder living	expense
						Gift for Const	itue	ent	
					<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office he	eld
	poa.taro to boriont 0/01	-							
	Date	Payee name	-		_				
L	03/26/2024	Maxaroma							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			<u> </u>	
	\$98.05	31-17 38th	Ave.						
		Long Islan	d City, NY 11101						
	PURPOSE	(a) Category 19	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	·	s/Memorials Expense			Check if travel		de of Texas. Com	
	EXPENDITURE		·					officeholder living	expense
						Gift for Const	itue	ent	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office he	eld
	Oxponditure to serious exerts								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 68/116 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	05/20/2024	Maxaroma	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$129.97	31-17 38th Ave.	
		Long Island City, NY 11101	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
		Check if Austin, TX, officeholder living expense	
		Gift for Constituent	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	01/11/2024	Merika Coleman Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	10 Court Square	
		Montgomery, AL 36104	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	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	
		Campaign Contribution	
_	Computate ONLY if diseast	Constitute / Office helder name Office accepts	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/14/2024	Mokara LA Mansion	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$241.49	212 W. Crockett St.	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
	-	Check if Austin, TX, officeholder living expense	
		Court/Closing Arguments for SB1	
	Computate ONU V & diver	Constitute (Office helder name	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	p = 1 1 2 12 120 3/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Ma Candidate/Officeholder/Po Credit Card Payment	
1 Total pages Schedule F Sch: 69/116 Rpt:	1: 2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4 Date 05/23/2024	5 Payee name NOBEL Women
6 Amount (\$) \$287.5	7 Payee address; City; State; Zip Code 20F Street NW Washington, DC 20001
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Legislative Conference Registration Fees
9 Complete ONLY if direct expenditure to benefit 0	
Date 02/26/2024	Payee name NTTA
Amount (\$) \$40.0	Payee address; City; State; Zip Code 5900 W. Plano Pkwy Plano, TX 75093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Out of District Travel
Complete <u>ONLY</u> if direct expenditure to benefit (
Date 06/03/2024	Payee name NTTA
Amount (\$) \$40.0	Payee address; City; State; Zip Code 5900 W. Plano Pkwy Plano, TX 75093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Out of District Travel
Complete <u>ONLY</u> if direct expenditure to benefit (

SCHEDULE F1

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

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

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

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

	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: 70/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/18/2024	NTTA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	5900 W. Plano Pkwy
		Plano, TX 75093
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
		Out of District Travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2024	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$236.13	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Insurance for Auto for Travel in District and Travel
		out of District
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/12/2024	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.17	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
	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
		Expense Lack if Austin, TX, officeholder living expense Insurance for Auto for Travel in District and Travel
		out of District
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 71/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date	5 Payee name
	03/11/2024	National General Insurance
6	Amount (\$) \$237.17	7 Payee address; City; State; Zip Code 4455 Lyndon B. Johnson Fwy Farmers Branch, TX 75244
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2024	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.17	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Insurance for Auto for Travel in District and Travel
		out of District
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/10/2024	National General Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.17	4455 Lyndon B. Johnson Fwy
		Farmers Branch, TX 75244
	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.
	ZA ZHOHOKZ	Expense Check if Austin, TX, officeholder living expense
		Insurance for Auto for Travel in District and Travel out of District
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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	l Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling ense Printing	Expens Expens			Travel in District Travel Out of Dis	
	Credit Card Payment		The Instruction Guide	explains how to	compl	ete this form.			
1	Total pages Schedule F1: Sch: 72/116 Rpt:		E N. (The Honorable))			3	Filer ID 00067987	(Ethics Commission Filers)
4	Date	5 Payee name	<u> </u>				<u> </u>		
	06/12/2024	,	eneral Insurance						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$237.17		on B. Johnson Fwy						
			ranch, TX 75244						
8	PURPOSE OF		See Categories listed at the to		(b)	Description	o. ito	ide of Toyloo Com	ploto Cobodulo T
	EXPENDITURE	Expense	tion Equipment And	Related				ide of Texas. Com , officeholder living	
		Ехрепзе				Insurance for	·Αι		I in District and Travel
						out of District	t		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	eld
	Date	Payee name)						
	06/21/2024	Need That	Tee						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$92.46	5077 Rock	y Glen						
		Stone Mou	ntain, GA 30068						
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Gift/Awards	s/Memorials Expens	se				ide of Texas. Com	
						Congratulato		, officeholder livino วift	g expense
						Congrataiato	٠, ١	Siit .	
	Complete ONLY if direct expenditure to benefit C/Oł		ficeholder name	Office s	l ought			Office he	eld
	Date	Payee name	<u> </u>						
	06/10/2024	O'Reilly							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$230.72	2072 Single		э, —р					
	¥2002	g.	3.5						
		Dallas, TX	75212						
	PURPOSE OF		See Categories listed at the to		(b)	Description			
	EXPENDITURE		tion Equipment And	Related				ide of Texas. Com , officeholder living	
		Expense				Maintenance			y expense
							.01		
-	Complete ONLY if direct	Candidate/Off	ficeholder name	Office s	<u>l</u> ouaht			Office he	elq .
	expenditure to benefit C/O			000 0	9111			200 110	
	me provided by Texas F	thice Commiss	ion	othics state to	/ LIC				Version V// 1 0 d378aha0

SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 73/116 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	01/08/2024	Ocean Prime	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$186.21	2101 Cedar Springs Rd. #150	
		Dallas, TX 75201	
8	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	
		Food & Beverage Out of District Travel/NBCSL	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI	the state of the s	
	5.		_
	Date	Payee name	
	06/24/2024	Ocean Prime	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.28	2101 Cedar Springs Rd. #150	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Food & Beverage Out of District Travel/NBCSL	
		1 000 & Beverage Out of Bistrict TravelingBost	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	y	
	Date	Payee name	=
	01/09/2024	Omega Psi Phi Fraternitty, Inc Omicron Upsilon Chapter	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	P.O. Box 1346	
	Ψ200.00	1.0. Box 10-10	
		Waco, TX 76703	
	PURPOSE	T.,	_
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation/Scholarship Fund	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<u> </u>	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 74/116 Rpt:	Rose, Toni N. (The Honorable) 00067987			
4 Date	5 Payee name			
02/09/2024	Pappadeaux Seafood			
6 Amount (\$) \$137.74	7 Payee address; City; State; Zip Code 230 W. Hwy 67 Duncanville, TX 75137			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Lunch			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/21/2024	Pappadeaux Seafood			
Amount (\$) \$117.93	Payee address; City; State; Zip Code 230 W. Hwy 67			
	Duncanville, TX 75137			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food & Bev./ Bereavement Family			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
Date 04/15/2024	Payee name Pappadeaux Seafood			
Amount (\$) \$43.19	Payee address; City; State; Zip Code 230 W. Hwy 67			
	Duncanville, TX 75137			
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 Member & Constituent Beverage			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 75/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	04/29/2024	Pappadeaux Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.43	6319 N. Interstate
		Austin, TX 78752
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
		Member Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/14/2024	Pappadeaux Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.44	6319 N. Interstate
		Austin, TX 78752
	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
		Member Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/29/2024	Pappas BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.81	230 W Hwy 67
		Duncanville, TX 75137
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food & Bev. Event Supplies
		1 ood & Bev. Event 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 Committee Credit Card Payment

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 76/116 Rpt:	Rose, Toni N. (The Honorable)	00067987	
4 Date	5 Payee name		
06/10/2024	Pappas BBQ		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$43.41	230 W Hwy 67		
	Duncanville, TX 75137		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food & Bev. Event Supplies	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O	H		
Date	Payee name		
06/17/2024	Pappasito's Cantina		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$102.28	6513 N. IH 35		
	Austin, TX 78752		
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	
		Office Lunch	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O	H		
Date	Payee name		
03/27/2024	Paul Quinn College Alumni Association		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$252.00	P.O. Box 41292		
	Dallas, TX 75241		
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 Event Registration	
		Lvent registration	
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held	
expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 77/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4 Date	5 Payee name
04/03/2024	Paul Quinn College Alumni Association
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 41292 Dallas, TX 75241
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 Event Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2024	Plesa for Texas
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 796311
	Dallas, TX 75248
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/19/2024	Payee name Public Opinion
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 151122
	Dallas, TX 75315
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Report
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to comp	,
1	Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
	Sch: 78/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	<u>'</u>
	04/22/2024	Quik Trip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$57.64	102 E. Camp Wisdom	
l			
		Duncanville, TX 75115	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Fuel Allowance
			ruei Allowalice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		. Office field
⊨	Data	D	
	Date 05/03/2024	Payee name Quik Trip	
L		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.79	1235 E. Beltline Rd.	
L		DeSoto, TX 75115	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
	EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Fuel Allowance
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	-1	
F	Date	Payee name	
	05/30/2024	Quik Trip	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.00	1235 E. Beltline Rd.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		DeSoto, TX 75115	
H	PURPOSE) Description
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Fuel Allowance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to beliefft C/Of	•	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 79/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/05/2024	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.26	1235 E. Beltline Rd.
		DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel Allowance
		Fuel Allowance
_	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
	06/11/2024	Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.01	1235 E. Beltline Rd.
		DeSoto, TX 75115
	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 Fuel Allowance
		ruei Allowalice
_	Operation ONLY if all and	Our stide to 100% as health as a sure
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	01/22/2024	Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.35	102 E. Camp Wisdom
		Duncanville, TX 75116
	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
		Fuel Allowance
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorations to benefit C/Of	•

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 80/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	04/04/2024	Quik Trip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$62.72	401 E Wintergreen Rd.	
	l		
	l	Hutchins, TX 75141	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	l	Gas Allowan	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	-	
	Date	Payee name	
	01/29/2024	Quik Trip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.66	3311 Pleasant Run Rd.	
	l		
	!	Lancaster, TX 75146	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Haver in District	outside of Texas. Complete Schedule T.
	l	Fuel allowan	n, TX, officeholder living expense
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	4	
	Date	Payee name	
	05/16/2024	Quik Trip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.60	3311 Pleasant Run Rd.	
	l		
	!	Lancaster, TX 75146	
	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 Austir	n, TX, officeholder living expense
	l	T del allowar	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 81/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date 01/02/2024	5 Payee name Quik Trip
6	Amount (\$) \$61.28	7 Payee address; City; State; Zip Code 511 S Zang Blvd.
		Dallas, TX 75208
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 Fuel Allowance
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 05/10/2024	Payee name Quik Trip
	Amount (\$) \$73.01	Payee address; City; State; Zip Code 511 S Zang Blvd.
		Dallas, TX 75208
	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 Fuel Allowance
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/12/2024	Payee name Quik Trip
	Amount (\$) \$62.94	Payee address; City; State; Zip Code 4767 S. R.L. Thornton Freeway
		Dallas, TX 75232
	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 gas allowance
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Ĺ	Sch: 82/116 Rpt:	Rose, Toni N. (The Honorable)	
4	Date	5 Payee name	
	02/08/2024	Quik Trip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$63.66	4767 S. R.L. Thornton Freeway	
		Dallas, TX 75232	
8	PURPOSE		
°	OF	(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.	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fuel Allowance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Data	Davies name	
	Date	Payee name	
	02/16/2024	Quik Trip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.12	4767 S. R.L. Thornton Freeway	
		Dallas, TX 75232	
	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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		gas allowance	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		<u> </u>	
	Date	Payee name	
	03/04/2024	Quik Trip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.21	4767 S. R.L. Thornton Freeway	
		Dallas, TX 75232	
	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	
		Gas Allowance	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to betterit G/OTT		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 83/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/18/2024	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	4767 S. R.L. Thornton Freeway
		Dallas, TX 75232
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
		Fuel Allowance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
H	Date	Payee name
	04/29/2024	Quik Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.85	4767 S. R.L. Thornton Freeway
	401.100	
		Dallas, TX 75232
	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 Fuel Allowance
		T dol/ monarios
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/21/2024	Payee name Quik Trip
	Amount (\$) \$70.12	Payee address; City; State; Zip Code 4767 S. R.L. Thornton Freeway
	\$70.12	4707 S. K.L. Hidiliton Freeway
		Dallas, TX 75232
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas Allowance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Co	ommittee Legal Services Salaries/					
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
Sch: 84/116 Rpt:	Rose, Toni N. (The Honorable)		00067987			
4 Date 5	Payee name					
06/17/2024	Quik Trip					
6 Amount (\$) 7	Payee address; City; State; Zip Co 2978 FM 2484 Salado, TX 76571	ode				
8 PURPOSE (a OF EXPENDITURE	O Category (See Categories listed at the top of this schedule) Travel Out of District	I =	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ught	Office held			
Date	Payee name					
02/12/2024	Quik Trip					
Amount (\$) \$42.68	Payee address; City; State; Zip Co 1108 Robert S. Light Blvd. Buda, TX 78610	ode				
PURPOSE (a OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	I <u>—</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense e			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ught	Office held			
Date	Payee name					
05/14/2024	Quik Trip					
Amount (\$) \$72.73	Payee address; City; State; Zip Co 861 Breaker Ln.	ode				
	Austin, TX 78753					
PURPOSE (a OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	ı <u></u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ught	Office held			

SCHEDULE F1

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

	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: 85/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/06/2024	Ross Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.83	1001 N. I35
		DeSoto, TX 75115
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Furnishing
		Signific Since Familianing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/29/2024	Ross Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.41	1001 N. I35
		DeSoto, TX 75115
	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
		District Office Furnishing
		Signific Office Familianing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/22/2024	Saltgrass Steak House
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.84	747 N. Hwy 67
		Cedar Hill, TX 75104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food/Beverage - Member and Constituent
		Food/Deverage - Member and Constituent
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 86/116 Rpt:	2 FILER NAME Rose, Toni N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067987
4	Date 02/21/2024	5 Payee name Saltgrass Steak House
6	Amount (\$) \$144.16	7 Payee address; City; State; Zip Code 18680 I-635
		Mesquite, TX 75150
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food/Beverage - Member and Constituent
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/19/2024	Payee name Sam's Club
	Amount (\$) \$59.00	Payee address; City; State; Zip Code 2101 SE Simple Savings Dr
		Bentonville, AR 72712
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/25/2024	Payee name Sam's Club
	Amount (\$) \$228.45	Payee address; City; State; Zip Code 2900 W. Wheatland Rd.
		Dallas, TX 75237
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/21/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.50	2900 W. Wheatland Rd.
		Dallas, TX 75237
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign capplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Power name
	03/21/2024	Payee name Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.73	2900 W. Wheatland Rd.
		Dallas, TX 75237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaigh Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	04/30/2024	Payee name Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.48	2900 W. Wheatland Rd.
		Dallas, TX 75237
	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 Supplies
		Campaigh 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 Commit

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Committee The Instruction Guide explains how to complete	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 88/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	05/01/2024	Sam's Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.78	2900 W. Wheatland Rd.	
		Dallas, TX 75237	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	ampaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	05/06/2024	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.18	2900 W. Wheatland Rd.	
		Dallas, TX 75237	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Ampaign Supplies
			ampaign cappines
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	06/24/2024	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.67	2900 W. Wheatland Rd.	
		Dallas, TX 75237	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		C	ampaign Supplies
	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 -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 51:	· · · · · · · · · · · · · · · · · · ·
	Total pages Schedule F1:	
L	Sch: 89/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/06/2024	Scrub Ball Gala
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	650 N. Pearl St.
	42.0.00	
		Dellas TV 75201
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event nicket
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to bettern 6/61	
	Date	Payee name
	05/14/2024	Sephora
	Amount (\$)	Payee address; City; State; Zip Code
	\$238.16	1201 Barbara Jordan Blvd. #420
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter if travel extends of Taxon Complete Schedule T
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Gifts
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
_		
	Date	Payee name
	03/25/2024	Sheriff Marian Brown Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 851635
		Mesquite, TX 75185
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 90/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4	Date	5 Payee name	
	04/03/2024	Simple to Sharp by Sharon, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$410.75	9 Hawthorne Ct.	
		Stafford, VA 22554	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	el outside of Texas. Complete Schedule T.
	EXPENDITURE	,	in, TX, officeholder living expense
		Constituent	GITTS
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0% 1.11
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/04/2024	Slater, Bishop J. Lee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	9026 Elam Rd.	
		Dallas, TX 75217	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made by	el outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Aust Donation	in, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/06/2024	Smokey D'Z BBQ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.68	215 W. Campwisdom Rd.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Duncanville, TX 75116	
	PURPOSE	1	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE		in, TX, officeholder living expense
		Food & Bev	erage - Bereavement/Constituent Family
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI	11	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
		_			ide explains now to t	omp	iete this form.	_			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 91/116 Rpt:		Rose, Toni I	N. (The Honorab	ole)				00067987		
4	Date	5	Payee name								
	05/20/2024		Smokey D'Z	BBQ							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$71.94		215 W. Can	npwisdom Rd.							
			Duncanville,	. TX 75116							
8	PURPOSE	(a)				(h)) Description				
ľ	OF	(۳)		e Categories listed at the	e top of this schedule)	(2)		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		F00d/bever	age Expense					officeholder livin		
							Food & Beve	rag	e - Bereave	ement/Constituent Fam	ıily
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught	 [Office h	neld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								_
	05/16/2024		South Oak (Cliff Alumni Asso	ciation						
	Amount (\$)	H	Payee addres	ss; City;	State; Zip C	ode					
	\$250.00		702 Glen Ar	bor Dr.							
			Dallas, TX 7	752 <i>1</i> 1							
	DUDDOCE	(2)				(6)	.				
	PURPOSE OF	(a)		e Categories listed at the		(0)	Description Check if travel	outei	de of Teyes Cor	mplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Polit	,		<u> </u>		officeholder livin		
			Odi ididate/ C		iodi Committee		Event Sponso				
							•				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	neld	
	expenditure to benefit C/OI	Н									
_	Date	Π	Payee name								_
	01/17/2024		Spectrum								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	'odo					
	\$103.49		•	St. 10th Floor	State, Zip C	oue					
	\$105.49		400 Aliantic	3t. 10tii Fi00i							
			0. () 0	-							
			Stamford, C								
	PURPOSE OF	(a)		e Categories listed at the		(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Exp	ense		ш		officeholder livin	mplete Schedule T.	
							Campaign Int			ig experise	
							- mpaign in	-511			
-	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office so	uaht	<u> </u>		Office h	neld	
	expenditure to benefit C/O			Table Herri	300 30	~g. //	•		311100 11		
\vdash											

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	/ - I Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide	explains how to co	omple	ete this form.			
1	Total pages Schedule F1: Sch: 92/116 Rpt:		Priler NAME Some Street						(Ethics Commission Filers)
4	Date	5 Payee name	<u> </u>				<u> </u>		
	01/23/2024	Spectrum	•						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$149.50		c St. 10th Floor						
_	2112200	Stamford, (la v				
8	PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Cable						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld
	Date	Payee name	· · · · · · · · · · · · · · · · · · ·						
	02/20/2024	Spectrum							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$103.49	400 Atlanti	c St. 10th Floor						
		Stamford, (CT 06901						
	PURPOSE OF		See Categories listed at the top		(b)	Description			
	EXPENDITURE	Office Ove	rhead/Rental Expens	S e			, TX,	de of Texas. Com , officeholder living 1 et	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
	Date	Payee name)						
	03/06/2024	Spectrum							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$317.30	400 Atlanti	c St. 10th Floor						
		Stamford, (CT 06901						
	PURPOSE OF EXPENDITURE		see Categories listed at the top rhead/Rental Expens		(b)		, TX,	de of Texas. Com officeholder living ble	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
	ms provided by Tayas F	thing Commit	ion	athics state tv					Varsion V// 1 0 d278aha0

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala	-	es/Contract Labor		OTHER (enter a	a category not listed ab	ove)
		_		The Instruction Gu	ide explains now t	o comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 93/116 Rpt:		Rose, Toni	N. (The Honorab	ole)				00067987		
4	Date	5	Payee name					_			
	03/18/2024		Spectrum								
Ļ		Ŀ									
١	Amount (\$)	'	Payee addre		State; Zip	Code					
	\$107.13		400 Atlantic	St. 10th Floor							
l											
l			Stamford, C	T 06901							
8	PURPOSE	(a)	Catagony			(h)	Description				
ľ	OF	(۳)		ee Categories listed at th head/Rental Exp		(5)	_ `	outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	neau/Rentai ⊑xp	ense				, officeholder livin		
							Campaign In	teri	net		
9	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name	Office	cought			Office h	old	
ľ	expenditure to benefit C/OI		Canuluale/Oni	centituel name	Office	sought			Office II	eiu	
L											
	Date		Payee name								
	03/20/2024		Spectrum								
Г	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$326.92		400 Atlantic	St. 10th Floor							
			Character and C	T 00004							
			Stamford, C	1 00901							
	PURPOSE OF	(a)	Category (S	ee Categories listed at th	e top of this schedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental Exp	ense		=			nplete Schedule T.	
							ш		, officeholder livin	g expense	
							District Cable	7			
L											
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	sought			Office h	eld	
	experiulture to benefit C/Oi										
	Date		Payee name								
	04/17/2024		Spectrum								
┢	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$111.31		•	St. 10th Floor	otate, zip	Couc					
	Ψ111.31		400 Allanlic	. St. 10th F1001							
			Stamford, C	T 06901							
	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			head/Rental Exp			Check if travel	outs	ide of Texas. Con	nplete Schedule T.	
l	EXPENDITORE								, officeholder livin	g expense	
							Campaign In	teri	net		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	sought	:		Office h	eld	
	expenditure to benefit C/OI	Н									
\vdash											
l											
ı											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 94/116 Rpt:	
4	Date	Rose, Toni N. (The Honorable) 00067987 5 Payee name
	05/13/2024	Spectrum
6	Amount (\$) \$268.00	7 Payee address; City; State; Zip Code 400 Atlantic St. 10th Floor
		Stamford, CT 06901
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office Cable
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/17/2024	Spectrum
	Amount (\$) \$111.31	Payee address; City; State; Zip Code 400 Atlantic St. 10th Floor
		Stamford, CT 06901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Internet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/20/2024	Payee name Spectrum
	Amount (\$) \$96.83	Payee address; City; State; Zip Code 400 Atlantic St. 10th Floor
		Stamford, CT 06901
	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 District Cable
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 95/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/17/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.40	400 Atlantic St. 10th Floor
		Stamford, CT 06901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign Internet
		Campaign internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	D-1-	
	Date	Payee name
	06/27/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.84	400 Atlantic St. 10th Floor
		Stamford, CT 06901
	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 District Cable
		District Cable
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	01/03/2024	Super Star Wash
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2111 N. Hampton Rd.
		DeSoto, TX 75115
	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
		Car Maintenance
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 96/116 Rpt:	Rose, Toni N. (The Honorable) 00067987	
4	Date	5 Payee name	
	02/05/2024	Super Star Wash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	2111 N. Hampton Rd.	
		DeSoto, TX 75115	
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. Comple	
		Expense Check if Austin, TX, officeholder living e	xpense
		Cai Maintenance	
_	Commission ONII V if alice at	Condidate/Office helder no rec	4
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	1
	·		
	Date	Payee name	
	03/04/2024	Super Star Wash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	2111 N. Hampton Rd.	
		DeSoto, TX 75115	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Completed Check if Austin, TX, officeholder living e	
		Expense	хрепас
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
	expenditure to benefit C/O		4
_	Dete	T :	
	Date	Payee name	
	04/03/2024	Super Star Wash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	2111 N. Hampton Rd.	
		DeSoto, TX 75115	
	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	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living e	xpense
		Car Maintenance	
	Complete ONLY if direct		t
	expenditure to benefit C/O	JH	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salarie	-	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Cabadula F1:	2 FILED V		,	٠,		12	Filer ID	(Ethics Commission Filers)
	Total pages Schedule F1:						1		(Ethics Commission Filers)
	Sch: 97/116 Rpt:	Rose, I	oni N. (The Honorable	;)				00067987	
4	Date	5 Payee n	ame						
	05/03/2024	Super S	Star Wash						
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip	Code				
	\$35.00	2111 N	Hampton Rd.	•					
			•						
		DoSoto	, TX 75115						
Ļ			-		1				
8	PURPOSE OF		(See Categories listed at the t		(b)) Description			
	EXPENDITURE		ortation Equipment And	d Related				le of Texas. Com officeholder living	plete Schedule T.
		Expens	E			Car Maintena			, experise
						Ja. Mantone	۸. ۱۰۰	-	
<u>_</u>	Complete ONII V if direct	Condidat	/Officebolder ======	Office -	one,	•		Office !-	ald.
9	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office s	ougnt	L		Office he	eiu
L									
	Date	Payee n	ame						
	06/03/2024	Super S	Star Wash						
	Amount (\$)	Payee a	ddress; City;	State; Zip	Code				
	\$35.00	2111 N	Hampton Rd.						
			•						
		Dasata	, TX 75115						
					1				
	PURPOSE OF		(See Categories listed at the t		(b)	Description	oute: 1	lo of Toylor O-	ploto Cobodulo T
	EXPENDITURE		ortation Equipment And	d Related		=		le of Texas. Com officeholder living	plete Schedule T.
		Expens	е			Car Maintena			у схропос
						20		•	
\vdash	Complete ONLY if direct	Candidata	/Officeholder name	Office s	ough i	<u> </u>		Office he	ald
	Complete ONLY if direct expenditure to benefit C/OI		Onicendiael Hame	Office s	ougni	L		Onice ne	tiu
L									
	Date	Payee n							
	01/08/2024	T.D. Jal	kes Ministries						
	Amount (\$)	Payee a	ddress; City;	State; Zip	Code				
	\$500.00	3635 Da	an Morton Dr., Ste. 10	0					
		Dallas.	TX 75236						
-	PURPOSE			***	/h) Description			
	OF		(See Categories listed at the tutions/Donations Made		(1)		outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE		ate/Officeholder/Politic					officeholder living	
		3010101	22			Donation			
	Complete ONLY if direct	Candidate	/Officeholder name	Office s	ouaht	<u> </u>		Office he	eld
	expenditure to benefit C/OI			200	- 9.10	-		200 110	
_					_		_		

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			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed above)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 98/116 Rpt:		Rose, Toni N	N. (The Honora	ıble)					00067987		
4	Date	5	Payee name									
	05/20/2024		T.D. Jakes N	Ministries								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$250.00		3635 Dan M	orton Dr., Ste.	100							
			Dallas, TX 7	5236								
8	PURPOSE	(a)		e Categories listed at	M- 4	- dul-A	(b)	Description				
	OF	(")		e Categories listed at S/Donations M		ledule)	(~)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		nittee		Check if Austin,	, TX,	officeholder livin	g expense	
								Donation				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/05/2024		TJ Maxx On	line								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$97.40		770 Cochitu	ate Rd								
			Framingham	n, MA 01701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	iedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							ш	, TX,	officeholder livin	g expense	
								Office Dcor				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	Date		Payee name									
	03/28/2024		Texas Demo	ocratic Party								
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$1,300.00		P.O. Box 15	707								
			Austin, TX 7	8761								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				ш			plete Schedule T.	
			Candidate/C	Officeholder/Pol	itical Comm	ittee				officeholder livin	g expense	
								Convention S	νhΩ	nsorsnih		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		zariuluale/UIII(choluel Hallle	(JIIIUE SUU	yrıl			Onice II	zi u	
_												

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	,
1	Total pages Schedule F1:	
	Sch: 99/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/03/2024	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.00	P.O. Box 15707
		Auctin TV 70761
		Austin, TX 78761
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Convention Event Tickets
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	·
	Date	Payee name
	05/29/2024	Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 E. 14th St., #10
	φ300.00	201 E. 1401 St., 1110
		Austin, TX 78701
	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
		Late Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIONALE TO DEHEIR C/OI	1
	Date	Payee name
	01/24/2024	The People's Servant Ministry
-	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	901 Mockingbird
	Ψ500.00	oor mooningshu
L		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LIBITOIL	Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 100/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/10/2024	The Plaza Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.41	106 W. Mills Ave.
		El Paso, TX 79901
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 Food/Beverage - Member and Constituent
		1 oou/Deverage Wellber and Constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies name
	03/12/2024	Payee name The Point
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.42	2100 2nd St. SW
		Washington, DC 20024
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food/Beverage Member & Volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	02/01/2024	The Statler Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1914 Commerce St.
	Ψ13.00	1314 Commerce St.
		Dallas, TX 75201
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F	1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 101/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
4 Date	5 Payee name	
02/21/2024	Tigertree	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$120.0	0 3301 N. High St.	
	Columbus, OH 43202	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Constituent Gifts
9 Complete <u>ONLY</u> if direct expenditure to benefit C		ought Office held
Date	Payee name	
01/26/2024	U.S. Postal Service	
Amount (\$)	Payee address; City; State; Zip C	ode
\$197.0	8 3655 Simpson Stuart Rd	
	Dallas, TX 75241	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Postage
		Campaign rostage
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C		Cinica Hold
Date	Payee name	
02/05/2024	Payee name U.S. Postal Service	
		- Code
Amount (\$) \$137.1	Payee address; City; State; Zip C 3655 Simpson Stuart Rd	oue
φ137.1	3 3055 Simpson Stuart Ru	
	D-II TV 75044	
	Dallas, TX 75241	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Campaign Postage
Complete ONLY if direct		ought Office held
expenditure to benefit C	ЮН	

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 Salarice Magnet/Contract Labor

	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: 102/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/05/2024	U.S. Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$231.60	3655 Simpson Stuart Rd
		Dallas, TX 75241
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Postage
		Campaigin coage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	02/05/2024	Payee name Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.40	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food/Beverage for Member & Staff
		1 Journal of Wichington & Stain
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		<u> </u>
	Date	Payee name
	04/22/2024	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.44	182 Howard St., Ste. 8
		San Francisco, CA 94105
	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
		Food/Beverage for Member & Staff
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	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

	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: 103/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/13/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.39	182 Howard St., Ste. 8
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/29/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.94	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.95	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ground Transportation
		S. 32.12 113.13p3.13til.
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 104/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	03/08/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.94	182 Howard St., Ste. 8
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ground Transportation
		Ground Hansportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Dougo nomo
		Payee name
	03/11/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.84	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Cround Transportation
		Ground Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.07	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ground Transportation
		Ground Transportation
_	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 Com

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 105/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	05/08/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.44	182 Howard St., Ste. 8
		San Francisco, CA 94105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	06/07/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.99	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/10/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.04	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ground Transportation
		Ground Transportation
_	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 Committ

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: 106/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/11/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.14	182 Howard St., Ste. 8
		San Francisco, CA 94105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground Transportation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	06/11/2024	Uber
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.68	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Ground Transportation
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantare to benefit 6/61	
	Date	Payee name
	06/11/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.87	182 Howard St., Ste. 8
l		
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		Ground Transportation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
$ldsymbol{f eta}$		

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	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: 107/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/12/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.40	182 Howard St., Ste. 8
		San Francisco, CA 94105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ground Transportation
		Stouria Transportation
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/17/2024	Uber
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$16.33	182 Howard St., Ste. 8
	Ψ10.00	102 Howard St., Sto. 0
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ground Transportation
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit 6/61	
	Date	Payee name
	06/17/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.33	182 Howard St., Ste. 8
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Ground Transportation
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorale to belieff C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 108/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	01/03/2024	Unique Creations
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.92	208 N. Market
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davos nama
	01/12/2024	Payee name Venton Jones Campaign
		1 3
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1074 Griffin St., West
		Dallas, TX 75215
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		- m.p.ug commune
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davos nama
	02/12/2024	Payee name Vivian Flowers Campaign
		· ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 3156
		Pine Bluff, AR 71611
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide 6	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 109/116 Rpt:	Rose, Toni	N. (The Honorable)					00067987	
4	Date	5 Payee name							
	05/15/2024	Walgreens							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$103.77	3211 S. La	ncaster Rd.						
		Dallas, TX	75216						
8	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expens	se		므		de of Texas. Com officeholder living	plete Schedule T.
						Office Supplie		onicendidei nving	у схренае
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	<u>I</u> ught			Office he	eld
	Date	Payee name							
	05/15/2024	Walgreens							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$5.40	3211 S. La	ncaster Rd.						
		Dallas, TX	75216						
	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expens	se		=		de of Texas. Com officeholder living	nplete Schedule T.
						Office Supplie		omeenoider name	у схренос
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	4							
	Date	Payee name							
	06/04/2024	Walmart							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$140.05	702 SW 8th	n St						
		Bentonville	, AR 72716						
	PURPOSE	,	ee Categories listed at the top	•	(b)	Description			
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense	Э					pplete Schedule T.
						Office Supplie		officeholder living	g expense
						отпос эцррпс			
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	laht			Office he	eld
	expenditure to benefit C/O		icentities rights	Office 500	agrit			Onice H	Ciu
\vdash									

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract Sections (1)

	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: 110/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/11/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.24	702 SW 8th St
		Bentonville, AR 72716
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Supplies
		Liverit Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	06/13/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.83	702 SW 8th St
		Bentonville, AR 72716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Condidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	_	
	Date	Payee name
	06/17/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.32	702 SW 8th St
		Bentonville, AR 72716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Supplies
		Everit 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 Com

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 111/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	06/20/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.24	702 SW 8th St
		Bentonville, AR 72716
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense District Office Supplies
		District Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	05/14/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.21	150 N Interstate 35 E Rd
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/31/2024	Payee name Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.36	200 Short Blvd.
		Dallas, TX 75232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense District Office Supplies
		District Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 112/116 Rpt:	Rose, Toni N. (The Honorable) 00067987
4	Date	5 Payee name
	02/05/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$186.22	200 Short Blvd.
		Dallas, TX 75232
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Campaign Volunteers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/16/2024	Walmart
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$161.71	200 Short Blvd.
	Ψ101.71	200 Short blvd.
		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Campaign Volunteers
		Food for Campaight Volunteers
┡	Operation ONLY & Street	Occasional Office health and a second of the
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	-	
	Date	Payee name
	02/28/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.72	200 Short Blvd.
l		
		Dallas, TX 75232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Food for Campaign Volunteers
\vdash	Commission ONU V If allows	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<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/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 G	uide explains how to o	ompl	ete this form.		
1	Total pages Schedule F1:	FILER N	AME			3 File	er ID	(Ethics Commission Filers)
	Sch: 113/116 Rpt:		oni N. (The Honora	ble)		00	067987	
4	Date	Payee na						
_	03/05/2024	Walmar						
6	Amount (\$) \$1,000.00	Payee at 200 Sho	•	State; Zip C	Code			
	\$1,000.00	200 3110	ort bivu.					
		Dallas.	TX 75232					
8	PURPOSE		/ (See Categories listed at t	the top of this achadula)	(b)	Description		
	OF EXPENDITURE		ards/Memorials Exp		(2)	Check if travel outside of	f Texas. Com	plete Schedule T.
	EXPENDITORE					Check if Austin, TX, office Gift Cards for Cons		
						GIII Carus for Coris	ulueni Se	ervices
9	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	<u>l</u> ought		Office he	eld
	expenditure to benefit C/OI							
	Date	Payee na	ame					
	03/25/2024	Walmar	t					
	Amount (\$)	Payee a		State; Zip C	Code			
	\$73.35	200 Sho	ort Blvd.					
			TX 75232		1			
	PURPOSE OF		/ (See Categories listed at t ards/Memorials Exp		(b)	Description Check if travel outside of	f Texas. Com	plete Schedule T.
	EXPENDITURE	GIII/AW	arus/ivierrioriais Exp	erise		Check if Austin, TX, office	eholder living	
						District Office Supp	lies	
	Complete ONLY if direct	Candidata	e/Officeholder name	Office of	l abt		Office he	N.d.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate	/Oncerolder name	Office so	ougrit		Office fie	eiu
-	Date	Payee na	ame					
	03/26/2024	Walmar						
	Amount (\$)	Payee a	ddress; City;	State; Zip C	Code			
	\$113.02	200 Sho	ort Blvd.					
		Dallas,	TX 75232					
	PURPOSE OF		/ (See Categories listed at t		(b)	Description	· T O	alata Calcadula T
	EXPENDITURE	Gift/Awa	ards/Memorials Exp	ense		Check if travel outside of Check if Austin, TX, offic		
						Event Supplies		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate	e/Officeholder name	Office so	ought		Office he	eld
	Superiord to benefit 6/01							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Leg	e Instruction Guide exp		Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 114/116 Rpt:	Rose, Toni N.	(The Honorable)					00067987	
4	Date	5 Payee name							
	03/26/2024	Walmart							
6	Amount (\$)	7 Payee address;	•	State; Zip Co	ode				
	\$750.00	200 Short Blvo	1.						
		Dallas, TX 752	232						
8	PURPOSE OF		ategories listed at the top of t	his schedule)	(b)	Description		df-T O	whate Calcadida T
	EXPENDITURE	Gift/Awards/M	emorials Expense					de of Texas. Com officeholder living	
						Gift Cards for	Co	onstituent Se	ervices
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeh	nolder name	Office sou	ught			Office he	eld
	Date	Payee name							
	04/25/2024	Walmart							
	Amount (\$)	Payee address;	City;	State; Zip Co	ode				
	\$138.99	200 Short Blvo	l.						
		Dallas, TX 752	232						
	PURPOSE OF		ategories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Gift/Awards/M	emorials Expense			=		de of Texas. Com officeholder living	
						Office Supplie			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officer	nolder name	Office sou	ught			Office he	eld
	Date	Payee name							
	05/06/2024	Walmart							
	Amount (\$)	Payee address;	City;	State; Zip Co	ode				
	\$48.27	200 Short Blvd	I.						
		Dallas, TX 752	232						
	PURPOSE OF		ategories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Gift/Awards/M	emorials Expense			<u></u>		de of Texas. Com officeholder living	
						Office Supplie		oc.ioidoi iivilių	,
						• •			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeh	nolder name	Office sou	ught			Office he	eld
	•								
_									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Second Control Contr		Credit Card Payment	The Instruction Guide explains how to comple	te this form.
4 Date 05/15/2024 5 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office sought Office held Off	1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Solution		Sch: 115/116 Rpt:	Rose, Toni N. (The Honorable)	00067987
Solution	4	Date	5 Payee name	•
\$800.00 Dallas, TX 75232 8 PURPOSE OF EXPENDITURE (a) Categories listed at the top of this schedule) Constituent Graduation Gift Cards 9 Complete ONLY if direct expenditure to benefit C/OH		05/15/2024		
B PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Gift/Awards/Memorials Expense (c) Check if ravel outside of Texas. Complete Schedule T. Check if austin, TX. officeholder hing expense Constituent Graduation Gift Cards (c) Constituent Graduation Gift Cards (d) Category (see Categories listed at the top of this schedule) (e) Payee name Walmart Amount (s) Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense (c) Check if rausin, TX. officeholder hing expense (d) Category (see Categories listed at the top of this schedule) (e) Check if rausin, TX. officeholder hing expense (a) Category (see Categories listed at the top of this schedule) (b) Description (c) Check if rausin, TX. officeholder in the schedule) (d) Description (e) Check if rausin, TX. officeholder in the schedule) (f) Check if rausin, TX. officeholder in the schedule) (e) Check if rausin, TX. officeholder in the schedule) (f) Check if rausin, TX. officeholder in the schedule) (g) Check if rausin, TX. officeholder in the schedule) (h) Description (o) Check if rausin, TX. officeholder in the schedule) (h) Description (o) Check if rausin, TX. officeholder in the schedule) (o) Description (o) Check if rausin, TX. officeholder in the schedule) (o) Description (o) Check if rausin, TX. officeholder in the schedule) (o) Description (o) Description (o) Description (o) Description (o) Description	6	Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories) listed at the top of this schedule) (b) Description Check if haustin, TX, officeholder faving expense Constituent Graduation Gift Cards		\$800.00	200 Short Blvd.	
PURPOSE OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH			Dallas, TX 75232	
Complete ONLY if direct expenditure to benefit C/OH	8	PURPOSE	(a) Category (See Categories listed at the ten of this schedule) (b)	Description
9 Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2024			,	
9 Complete ONLY if direct expenditure to benefit C/OH Date O2/12/2024 Payee name Walmart Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if Justin, TX, officeholder living expense Donation of Food & Beverage for Family Bereavement Complete ONLY if direct expenditure to benefit C/OH Date O6/03/2024 Walmart Amount (\$) Payee name Office sought Office held Purpose Office Sought Officeholder living expense Donation of Food & Beverage for Family Bereavement Date O6/03/2024 Walmart Amount (\$) Payee name Office Sought Officeholder living expense Donation of Food & Beverage for Family Bereavement Date O6/03/2024 Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704		EXPENDITURE	·	
Date 02/12/2024 Amount (\$) Payee name Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) OF EXPENDITURE (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation of Food & Beverage for Family Bereavement Complete ONLY if direct expenditure to benefit C/OH Date 06/03/2024 Amount (\$) Payee name Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description				Constituent Graduation Gift Cards
Date 02/12/2024 Amount (\$) Payee name Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) OF EXPENDITURE (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation of Food & Beverage for Family Bereavement Complete ONLY if direct expenditure to benefit C/OH Date 06/03/2024 Amount (\$) Payee name Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description				
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Date		<u>'</u>		
Amount (\$)				
\$106.70 710 E Ben White Blvd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iwing expense Donation of Food & Beverage for Family Bereavement Candidate/Officeholder name Office sought Office held Payee name Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description		02/12/2024		
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PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation of Food & Beverage for Family Bereavement Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Payee name Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description		\$106.70	710 E Ben White Blvd	
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EXPENDITURE GIRT/AWards/Memorials Expense GIRT/Awards/Memorials Expense Check if Austin, TX, officeholder living expense Donation of Food & Beverage for Family Bereavement Office sought Office held Payee name Walmart Amount (\$) Payee address; City; State; Zip Code \$35.34 Purpose (a) Category (See Categories listed at the top of this schedule) (b) Description			(a) Category (See Categories listed at the top of this schedule) (b)	<u> </u>
Donation of Food & Beverage for Family Bereavement Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/03/2024 Walmart Amount (\$) Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			Gift/Awards/Memorials Expense	—
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Date Payee name 06/03/2024 Walmart Amount (\$) Payee address; City; State; Zip Code \$35.34 710 E Ben White Blvd Austin, TX 78704 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description				
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PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			Austin TX 78704	
		DUDDOCE		Description
		OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE GITTAWARUS/INTERTIONALS EXPENSE Check if Austin, TX, officeholder living expense		EXPENDITURE	Gill/Awaitus/Memoriais Expense	
Office Supplies				Office Supplies
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction			/ages	/Contract Labor		OTHER (enter a	category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 116/116 Rpt:			N. (The Hone	orable)					00067987		ŕ
4	Date	5	Payee name	ļ.								
	04/01/2024			- Crooked Cr								
6	Amount (\$)	7	Payee addre	ess; City;	Sta	ate; Zip Co	de					
	\$256.25		3000 Co Hv	му 517								
			Fraser, CO	80442								
8	PURPOSE	(a)	Category (S	see Categories liste	d at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			ns/Donations				_		de of Texas. Com		
	EXI ENDITORE		Candidate/	Officeholder/I	Political Con	nmittee		_		officeholder living		
								Donation to K	lds	Camp Prog	<i>jramming</i>	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholder name	e	Office sou	ght			Office he	eld	