## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

<b>L</b> File	•	ics Commission Filers)	2 Total pages filed:			OFFIC	E USE ONLY
000	87357		40			Date Received	
	NDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRON	IICALLY FILED
OFF NAN	FICEHOLDER MF	Mr.	Benjamin M.			07/25/2024	
147 (1)	,, <u>,</u>	NICKNAME	LAST		SUFFIX		
		Ben	Mostyn			5	
4 ORI	GINAL	X January 15	Runoff	Other (s	specify)	Date Hand-deliver	red or Date Postmarked
REF	PORT TYPE	July 15	Exceeded modified		,	Receipt #	Amount
		30th day before election	<b>–</b>			-	
			appointment (office	holder only)		Date Processed	I
		8th day before election	Final Report (Attac	n C/OH-FR)			
	GINAL PERIOD /ERED	Month Day Yea		Month Day	Year	Date Imaged	
		07/01/2023	THROUGH	12/31/2023			
EXF	PLANATION OF C	CORRECTION					
		eport to reflect the bank ba					
	IDANIT						
AFF	FIDAVIT		l sw	ear, or affirm. under n	enalty of periur	y, that this corre	ected report is true
' AFF	FIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this corre	ected report is true
' AFF	FIDAVIT		and	correct.			
' AFF	FIDAVIT		and				
' AFF	FIDAVIT		and Che	correct.	/ and all applica	able statements:	
AFF	FIDAVIT		and	correct. ck the box next to any Semiannual report	and all applicas:	able statements:	original report
AFF	FIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa	and all applicas:  I swear, on aith and withour	able statements: r affirm that the o t an intent to mis	original report slead or to
' AFF	FIDAVIT		and Che	correct. ck the box next to any Semiannual report	and all applicas:  I swear, on aith and withour	able statements: r affirm that the o t an intent to mis	original report slead or to
' AFF	FIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa	and all applica s: I swear, of aith and without ormation conta	able statements: r affirm that the o t an intent to mis ined in the repor	original report slead or to t.
7 AFF	FIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the infe  Other reports: I s report not later than	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing	able statements: r affirm that the of t an intent to mis ined in the repor t, that I am filing tess day after the	original report slead or to rt. this corrected e date I learned
' AFF	FIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori	y and all applica s: I swear, o aith and withou ormation contai swear, or affirm the 14th busing iginally filed is i	able statements: r affirm that the of t an intent to mis ined in the repor t, that I am filing ess day after the naccurate or inc	original report slead or to rt. this corrected e date I learned omplete. I
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AF Sw of_	FIX NOTARY ST	ribed before me, by the sa	and Che X  id tify which, witness my	Semiannual report was made in good fa misrepresent the infi  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	s: I swear, or aith and withour ormation contains swear, or affirm the 14th busing iginally filed is it any error or opod faith.  Mr. Benjamin I ure of Candidate, this is e.	able statements: r affirm that the of tan intent to mistined in the report, that I am filing ess day after the naccurate or including mission in the result.  M. Mostyn e or Officeholder the	original report slead or to t. this corrected e date I learned omplete. I eport as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00087357		2 Total pages fil	led: IO
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Benjamin M.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/25/2024	
	Ben	Mostyn		SUFFIX	0172672021	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 762305				Receipt #	Amount
Change of Address	Con Antonio TV 7024F					
Change of Address	San Antonio, TX 78245				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Benjamin M.				
	NICKNAME	LAST		SUFFIX		
	Ben	Mostyn		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE).	ΑΡ?	r / SUITE #; CITY	· STA	ATE; ZIP CODE
TREASURER ADDRESS	PO Box 762305	BOXT EENGE),	711	7.00112 ", " 0111	, 317	VIE, 211 00DE
(Residence or Business)	0 - A - A TV 700 45					
	San Antonio, TX 78245					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(210) 379-7117					
PHONE	(210) 010 1111					
8 REPORT TYPE		7			<b>-</b>	
1175	X January 15	30th day before	election	Runoff	15th day after car appointment (office	mpaign treasurer ceholder only)
	July 15	8th day before e	election	Exceeded modified	Final Report (Atta	
		<b>-</b>		reporting limit	<b>-</b>	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/05/2024	П	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	Γ (if known)	
	None District 117 Bexar				tative District 117	
		GO Т	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 40

13 C / OH NAME	Mostyn, Benjamin M.	(Mr.)	<b>14</b> Filer ID (I 00087357	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	t 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 ADDRE	ESS	
16 CONTRIBUTION TOTALS	AN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	<b>\$</b> 10,755.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 12,885.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 1,485.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
			Benjamin M. Mostyn	1
		· ·	of Candidate or Officehold	ier –
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
		aidertify which, witness my hand and seal of office.	, this the	day
·		,		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

		C	OVER S	<b>HEET PG 3</b> 4 of 40			
18 FILER N Mostyn	AME Benjamin M. (Mr.)	<b>19</b> Filer ID 00087357	(Ethics Co	mmission Filers)			
l	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,755.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4. X	SCHEDULE E: LOANS		\$	25.00			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	11,663.15			
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,222.74			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				
			,				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 5/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Mostyn, Ben	jamin M. (Mr.)			00087357	
4	Date 08/20/2023	<ul> <li>Full name of contributor</li></ul>	D#:)	7	Amount of Contribution (\$)	\$100.00
		Helotes, TX 78023				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	08/09/2023	Berry, Lawrence				\$1,001.00
		Contributor address; City; State; Zip Code				
	Deire in all a service	Houston, TX 77056	Fundame (October Notes	<u></u>		
	CEO	pation / Job title (See Instructions)	Employer (See Instructions Bay Ltd	S)		
	Date 07/24/2023	Full name of contributor out-of-state PAC (II Bille, Erica  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Kyle, TX 78640				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (II Borgelt, Roger Contributor address; City; State; Zip Code  Austin, TX 78703	D#:)	-	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (II Bunge, Philip Contributor address; City; State; Zip Code  Dallas, TX 75252	D#:)		Amount of Contribution (\$)	\$19.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 6/40	
2	FILER NAME Mostyn, Benj	amin M. (Mr.)			3	Filer ID (Ethics Commission 00087357	Filers)
4	Date 10/25/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Coons, Kris</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78248	_		_		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 10/25/2023	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78248 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Cote, Lester Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78254 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Cote, Lester  Contributor address; City; State; Zip Code  San Antonio, TX 78254				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 6)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_ Cray, Trevor  Contributor address; City; State; Zip Code  Las Vegas, NV 89113		)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 7/40	
2	FILER NAME Mostyn, Ben	jamin M. (Mr.)		3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 11/08/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Cray, Trevor</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
_		Las Vegas, NV 89113				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Eason, Eldon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Arlington, TX 76012 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See instructions	,		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Eason, Eldon Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Arlington, TX 76012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#:_ Eddings, Michael Contributor address; City; State; Zip Code Dallas, TX 75229			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#:_Fay, Kip & Jacqueline  Contributor address; City; State; Zip Code  San Antonio, TX 78253			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 8/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Mostyn, Ben	ijamin M. (Mr.)			00087357	
4	Date 08/13/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77096				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	07/31/2023	Flores, Joe				\$100.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78665				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/01/2023	Fournier, R Wayne				\$35.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	08/02/2023	Fry, Pat				\$50.00
		Contributor address; City; State; Zip Code				
		Round Mountain, TX 78663				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/24/2023	Garcia, Susan				\$25.00
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 9/40	
2	FILER NAME Mostyn, Ben	jamin M. (Mr.)		3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 12/11/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$75.00
8	Principal occu	San Antonio, TX 78253 pation / Job title (See Instructions)	9 Employer (See Instructions	) ()		
	T Illiopal occu	patient 7 000 title (occ motivations)	Complete (See Mistractions	')		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Gutting, Patricia Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/10/2023	Full name of contributor out-of-state PAC (ID#:_ Hirte, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78253			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Horn, Michael Contributor address; City; State; Zip Code San Anotnio, TX 78253			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID#:_ Hulin, Jason Contributor address; City; State; Zip Code  Fort Worth, TX 76244			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBU	ITION	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 10/40	
2	FILER NAME Mostyn, Ben	amin M. (Mr.)			3	Filer ID (Ethics Commission 00087357	on Filers)
4	Date 08/14/2023	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Sweeny, TX 77480	-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/17/2023	Full name of contributor out-of-state PAC Judson, Don  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78733 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	None	,		Retired			
	Date 11/08/2023	Full name of contributor	C (ID#:	)		Amount of Contribution (\$)	\$25.00
		Citrus Heights, CA 95610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/03/2023	Full name of contributor out-of-state PAC Knapp, Joseph Contributor address; City; State; Zip Code Allen, TX 75013		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/24/2023	Full name of contributor out-of-state PAC Kris Kars LLC Contributor address; City; State; Zip Code  Bastrop, TX 78602	C (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 11/40	
2	FILER NAME Mostyn, Ben	jamin M. (Mr.)		3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 10/07/2023	5 Full name of contributor out-of-state PAC (ID#:_ Machart , Dave  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
_	Dein sin al a ser	Lago Vista, TX 78645				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/07/2023	Full name of contributor out-of-state PAC (ID#:_Machart , Dave  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing ago	Lago Vista, TX 78645	Employer (See Instructions			
Principal occupation / Job title (See Instructions)			Employer (See instructions	,		
	Date 12/09/2023	Full name of contributor	)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78253				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Meeker, Bill Contributor address; City; State; Zip Code Gransbury, TX 76049			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_ Meyer, William Contributor address; City; State; Zip Code Midland, TX 79701			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 12/40	
2	FILER NAME Mostyn, Ben	jamin M. (Mr.)		3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 12/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Mostyn, Martin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu	Monroe, OH 45050	O Francis var (Can Instructiona			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 08/30/2023	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	Gilmer, TX 75645 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_ Paone, Lucille Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78253				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/10/2023	Full name of contributor out-of-state PAC (ID#:_ Parker, L Stephen  Contributor address; City; State; Zip Code  San Antonio, TX 78240			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/03/2023	Full name of contributor out-of-state PAC (ID#:_ Peterie, Susan Contributor address; City; State; Zip Code San Antonio, TX 78245			Amount of Contribution (\$)	\$50.00
	Principal occu Software Tes	pation / Job title (See Instructions) ster	Employer (See Instructions Colsa	)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 13/40	
2	FILER NAME Mostyn, Ben	jamin M. (Mr.)			3	Filer ID (Ethics Commission 00087357	on Filers)
4	Date 07/03/2023	<ul><li>5 Full name of contributor Peterie, Susan</li><li>6 Contributor address; City; State</li></ul>		7	Amount of Contribution (\$)	\$50.00	
0	Dringing con	San Antonio, TX 78245	lo.	Employer (See Instructions			
8	Software Tes	pation / Job title (See Instructions) ster	9	Employer (See Instructions Colsa	•)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/08/2023 Peterie, Susan  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$750.00	
	Principal occu	San Antonio, TX 78245 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Software Tes	ster		Colsa			
	Date Full name of contributor out-of-state PAC (ID#: 10/18/2023 Pope, William  Contributor address; City; State; Zip Code		out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Longview, TX 75601					
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Pope&Walters	5)		
	Date Full name of contributor out-of-state PAC (ID#: 10/18/2023 Pope, William  Contributor address; City; State; Zip Code  Longview, TX 75601			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Pope&Walters	<u>;</u> )		
	Date 07/17/2023			Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONEI	ARY POLITICAL CONT		SCHEDULE A1		
	The Instru	ction Guide explains how to con	nplete this form.		Total pages Schedule A1: Sch: 10/13 Rpt: 14/40	
2	FILER NAME Mostyn, Ben	amin M. (Mr.)			er ID (Ethics Commission 087357	Filers)
4	Date 09/08/2023		-state PAC (ID#:		nount of Contribution (\$)	\$20.00
8	Principal occu Franchisee	San Antonio, TX 78216 pation / Job title (See Instructions)	9 Employer (See Link Staffing S			
	Date 07/13/2023	Stewart, James  Contributor address; City; State; Zip C	) An	nount of Contribution (\$)	\$25.00	
	Principal occu Retired	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See N/A	Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/26/2023 Stewart, James  Contributor address; City; State; Zip Code				nount of Contribution (\$)	\$25.00
		San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See N/A	Instructions)		
	Retired  Date Full name of contributor out-of-state PAC ( 11/01/2023 Stewart, James  Contributor address; City; State; Zip Code		-state PAC (ID#:	) Am	nount of Contribution (\$)	\$10.00
	Principal occu Retired	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See N/A	Instructions)		
	Date 12/06/2023	Date Full name of contributor out-of-state PAC (ID#:)			nount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See N/A	Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	otal pages Schedule A1: Sch: 11/13 Rpt: 15/40	
2	FILER NAME Mostyn, Benj	amin M. (Mr.)			3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 08/20/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$20.00
_		San Antonio, TX 78253					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	5)		
	Date 09/15/2023	Full name of contributor out-of-state PAC (ID) Stewart, James Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00		
	Principal occu	San Antonio, TX 78253 Dation / Job title (See Instructions)	Employer (See Instructions	  -  s)			
	Retired			N/A			
	Date Full name of contributor out-of-state PAC (ID#: 10/26/2023 Stewart, James  Contributor address; City; State; Zip Code		#:			Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78253					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (II 11/01/2023 Stewart, James  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	San Antonio, TX 78253 pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	<b>.</b> (s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 16/40	
2	FILER NAME Mostyn, Ben	jamin M. (Mr.)		3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 09/12/2023	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$100.00	
_	Deignaignal annu	San Antonio, TX 78258	O Familia van (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/07/2023				Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78256				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Collage Creator LLC	)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
		Tucson, TX 85715				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#:_ Walker, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Toledo, OH 43615 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#:_ Walmsley, Carolyn Contributor address; City; State; Zip Code San Antonio, TX 78253	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 17/40	
2	FILER NAME Mostyn, Ben	njamin M. (Mr.)		3	Filer ID (Ethics Commission 00087357	n Filers)
4	Date 11/01/2023				Amount of Contribution (\$)	\$100.00
		Mart, TX 76664				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s) 		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Warner, R.A.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Mart, TX 76664  upation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Date 07/14/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Rockwall, TX 75032 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/10/2023	Full name of contributor out-of-state PAC (ID#:_ Wright, Michael Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78253  upation / Job title (See Instructions)	Employer (See Instructions	 ;)		

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete thi	s form.	1	nges Schedule E: 1 Rpt: 18/40
2	FILER NAME Mostyn, Benjam	in M. (Mr.)			(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 07/13/2023	7 Name of lender out-of-state Mostyn, Benjamin	PAC (ID#:	)	9 Loan Amount (\$) \$25.00
6	Is lender a financial institution?	8 Lender address; City; State	e; Zip Code		10 Interest Rate
	No	San Antonio, TX 78245			11 Maturity Date
12		on / Job title (See Instructions)	13 Employer (See Instruction		
11	Realtor	lateral	San Antonio's Finest R	-	diata malitical account
14	Description of Col	ateral	15 Check if personal funds w	ere deposited	(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	1		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State	; Zip Code		
20	Principal occupation		21 Employer (Coo Instruction	0)	
20	Рипсіраї оссираці	UII	21 Employer (See Instruction	5)	

### 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 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	ompl	ete this form.		
<b>1</b> T	otal pages Schedule F1	: 2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
;	Sch: 1/18 Rpt: 19/40		Mostyn, Benjamin M. (Mr.)			00087357	
<b>4</b> D	ate	5	Payee name		•		
0	7/03/2023		Anedot				
6 A	mount (\$)	7	Payee address; City; State; Zip C	ode			
	\$2.30		1920 McKinney Ave				
			Dallas, TX 75201				
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	`	Fees	``	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin, TX, o	officeholder living	g expense
					Donation fee		
	complete <u>ONLY</u> if direct xpenditure to benefit C/		Candidate/Officeholder name Office so	ught		Office he	eld
	ate		Payee name				
0	7/10/2023		Anedot				
A	mount (\$)		Payee address; City; State; Zip C	ode			
	\$2.30	)	1920 McKinney Ave				
			Dallas, TX 75201				
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees		Check if travel outside		
					Check if Austin, TX, of Donation fee	officeholder living	g expense
					Donation icc		
	Complete ONLY if direct		Candidate/Officeholder name Office so	uaht		Office he	-iq
	xpenditure to benefit C/		Canadate, Cincerolae, Harrie	agiit		Omoo n	ord.
	eate	<del></del>	Payee name				
	7/13/2023		Payee name Anedot				
		+		٠ ا -			
A	mount (\$) \$1.30	$\backslash$	Payee address; City; State; Zip C 1920 McKinney Ave	oue			
	Φ1.30	'	1920 MCKITTLEY AVE				
			D. II TV 75004				
		$\perp$	Dallas, TX 75201				
	PURPOSE OF	(a	) Category (See Categories listed at the top of this schedule)	(b)	Description	<b></b>	
	EXPENDITURE		Fees		Check if travel outside		
					Donation fee		,
C	Complete ONLY if direct		Candidate/Officeholder name Office so	ught		Office he	eld
	xpenditure to benefit C/	ОН		-			

### 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: 2/18 Rpt: 20/40	Mostyn, Benjamin M. (Mr.) 00087357							
4	Date	Payee name							
	07/13/2023	Anedot							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1.30	1920 McKinney Ave							
		Dallas, TX 75201							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		donation fee							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH	1							
	Date	Payee name							
	07/14/2023	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.30	1920 McKinney Ave							
		Dallas, TX 75201							
	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							
		donation fee							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH	<del>1</del>							
	Date	Payee name							
	07/17/2023	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1.30	1920 McKinney Ave							
		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  donation fee							
		uonation lee							
	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: 3/18 Rpt: 21/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	07/19/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.50	1920 McKinney Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  donation fee
		donation icc
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/27/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1920 McKinney Ave
		Dallas, TX 75201
	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  donation fee
		uonation ree
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	07/28/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
		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.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Donation fee
	2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	•

#### 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 Git/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/V	xpense Vages/C	Contract Labor e this form.		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:					-		Filer ID	(Ethics Commission Filers)	
	Sch: 4/18 Rpt: 22/40	Mostyn, B	enjamin M. (Mr.)					00087357		
4	Date	5 Payee nam	e							
	07/31/2023	Anedot								
6	Amount (\$)	7 Payee addr		State; Zip Co	ode					
	\$4.30	1920 McK	inney Ave							
		D. II. T.	75004							
<u>_</u>	DUDDOGE	Dallas, TX			(I=)					
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b) [	Description  Check if travel o	nutsid	e of Texas Com	nplete Schedule T.	
	EXPENDITURE	Fees				Check if Austin,				
					7	donation fee				
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ıght			Office h	eld	
	Date	Payee nam	e							
	08/01/2023	Anedot								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$10.30	1920 McK	inney Ave							
		Dallas, TX	75201							
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b) [	Description				
	EXPENDITURE	Fees				Check if travel o  Check if Austin,			plete Schedule T. g expense	
					[	donation fee				
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office sou	ight			Office h	eld	
H	Date	Payee nam	<u> </u>							
	08/02/2023	Anedot								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$2.30	1920 McK	inney Ave							
		Dallas, TX	75201							
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b) [	Description				
	OF EXPENDITURE	Fees			[	Check if travel o			pplete Schedule T.	
					L	donation fee	11, (	omcenoider iiVIN	a exhelipe	
					`					
	Complete ONLY if direct		fficeholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OH	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)

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
l	Sch: 5/18 Rpt: 23/40	Mostyn, Benjamin M. (Mr.)	00087357						
4	Date	Payee name							
	08/09/2023	Anedot							
6	Amount (\$)	7 Payee address; City; State; Zip Co	de						
l	\$40.34	1920 McKinney Ave							
		Dallas, TX 75201							
8	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.					
	LAI LINDITORE			Check if Austin, TX, officeholder living expense					
				donation fee					
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held					
	expenditure to benefit C/OI		ynı	Office field					
⊨	Data	D							
	Date 08/13/2023	Payee name Anedot							
L			-d						
l	Amount (\$)	Payee address; City; State; Zip Co	ae						
	\$4.30	1920 McKinney Ave							
		D.H., TV 75004							
L		Dallas, TX 75201							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Taylor Complete Schodule T					
l	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
				donation fee					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held					
	expenditure to benefit C/OI	1							
	Date	Payee name							
	08/17/2023	Anedot							
	Amount (\$)	Payee address; City; State; Zip Co	de						
l	\$80.30	1920 McKinney Ave							
l		Dallas, TX 75201							
Г	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	ZAI ZABITORZ			Check if Austin, TX, officeholder living expense donor fee					
				donor ICC					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held					
	expenditure to benefit C/OI		Ailt	Since field					
$\vdash$									

### 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 complete this form.							
1	Total pages Schedule F1:		_						
	Sch: 6/18 Rpt: 24/40	Mostyn, Benjamin M. (Mr.) 00087357							
4	Date	Payee name							
	08/20/2023	Anedot							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$4.30	1920 McKinney Ave							
		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.							
	LXI LINDITORL	Check if Austin, TX, officeholder living expense							
		donations fee							
Ļ	Complete ONL V if direct	Candidata/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							
	08/20/2023	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1.10	1920 McKinney Ave							
		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 donation fee							
		donation lee							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-						
	expenditure to benefit C/OI								
H	Date	Payee name	=						
	08/24/2023	Anedot							
L	Amount (\$)		_						
	\$1.30	Payee address; City; State; Zip Code 1920 McKinney Ave							
	φ1.30	1920 MCNITTLEY AVE							
		Dallag TV 75004							
		Dallas, TX 75201	_						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
l		donation fee							
1									
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI	1							
H			_						
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}$									

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 25/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	08/25/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.06	1920 McKinney Ave
L		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation fee
		donation icc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	
	Date	Payee name
	09/01/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.70	1920 McKinney Ave
		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
		donation fee
	Operation ONE V # discort	Overlight (Office helds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/12/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		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.
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		donation fee
ldash	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$		
1		
L		

### 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

sement Solicitation/Fundraising Expense
pense 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: 8/18 Rpt: 26/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	09/14/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  donation fee
		donation rec
_	Commission ONII V if disposit	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	1920 McKinney Ave
		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  donation fee
		uonation lee
_	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
	<u>'</u>	
	Date	Payee name
L	09/30/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		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
		donation fee
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	•

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 27/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	10/03/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  donation fee
		donation icc
Ļ	Commission ONII V if disposi	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	10/04/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1920 McKinney Ave
		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  donation fee
		donation ree
L	Operation ONE Wife disease	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	10/04/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		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
I		donation fee
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to benefit 0/01	•
I		

#### 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	
Ļ		
1	Total pages Schedule F1:	
L	Sch: 10/18 Rpt: 28/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	10/06/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
		Dallas, TX 75201
8	PURPOSE	(a) a
o	OF	(a) Category (See Categories listed at the top of this schedule)  FRES  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
H	Date	Payee name
	10/07/2023	Anedot
-	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1920 McKinney Ave
	Ψ2.30	1020 Moraling / Wo
		Dellee TV 75201
		Dallas, TX 75201
	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
		donation fee
		3333
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	Dougo name
	Date 10/10/2023	Payee name  Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
L		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  donation fee
		uonation lee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 29/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	10/18/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1920 McKinney Ave
		Dallas, TX 75201
8	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
		donation fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/28/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1920 McKinney Ave
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		donation fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	10/26/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
		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.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		donation fee
	Complete Chilly '' ''	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 12/18 Rpt: 30/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	11/01/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.70	1920 McKinney Ave
		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  donation fee
		donation icc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/08/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
		Dallas, TX 75201
	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
		donation fee
		donation lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/08/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
		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.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		donation fee
_	Operation ONE VIII	Open Higher (Office health a grant of the control o
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 2 20 3/01	
L		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Co  The Instruction Guide explains how to complete	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 31/40	Mostyn, Benjamin M. (Mr.)	00087357
4	Date	5 Payee name	
	12/06/2023	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.30	1920 McKinney Ave	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T.
		d	Check if Austin, TX, officeholder living expense Onation fee
		u u	onation lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Since Hold
_	Date	Payee name	
	12/10/2023	Anedot	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1920 McKinney Ave	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		d	onation fee
		u u	onation lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/20/2023	AxCapital, LLC	
		•	
	Amount (\$)		
	\$550.00	800 W 47th St	
		Ste 200	
		Kansas City, MO 64112	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' '   -	escription
	EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense reasurer accounting expense
			reasurer accounting expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

### 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: Sch: 14/18 Rpt: 32/40	2 FILER NAME Mostyn, Benjamin M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00087357
4	Date 07/26/2023	5 Payee name AxCapital, LLC
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City, MO 64112
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Treasurer Accounting Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/09/2023	Payee name AxCapital, LLC
	Amount (\$) \$550.00	Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City, MO 64112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Treasurer Accounting Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/11/2023	Payee name AxCapital, LLC
	Amount (\$) \$551.89	Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City, MO 64112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Treasurer Accounting Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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: 15/18 Rpt: 33/40	Mostyn, Benjamin M. (Mr.) 00087357
4	Date	5 Payee name
	07/24/2023	McShane LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$262.50	7975 W Badura Ave
		Ste 1000
		Las Vegas, NV 89113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donor Commissions Fee
		Bollot Colliniasions i CC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/27/2023	McShane LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,594.11	7975 W Badura Ave
		Ste 1000
		Las Vegas, NV 89113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Retainer fee, PhoneBurner, Email, and Email Data
		Scrubbing.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/16/2023	McShane LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	7975 W Badura Ave
		Ste 1000
		Las Vegas, NV 89113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense  Donor Commissions Fee
		Donor Commissions Fee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 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	ompl	olete this form.		
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 16/18 Rpt: 34/40		Mostyn, Benjamin M. (Mr.)		00087357		
4	Date	5	Payee name				
	08/24/2023		McShane LLC				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$1,454.00		7975 W Badura Ave				
			Ste 1000				
			Las Vegas, NV 89113				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE		Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
					Retainer fee, PhoneBurner, Email		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ught	t Office held		
	expenditure to benefit C/O	Н					
	Date	Г	Payee name				
	08/28/2023		McShane LLC				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$1,454.00		7975 W Badura Ave				
			Ste 1000				
			Las Vegas, NV 89113				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Consulting Expense		Check if travel outside of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense Retainer fee, PhoneBurner, Email		
					retainer lee, i henebarner, Entain		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u> </u>	t Office held		
	expenditure to benefit C/OH						
	Date		Payee name				
	11/01/2023		McShane LLC				
	Amount (\$)		Payee address; City; State; Zip C	ode	•		
	\$2,629.00		7975 W Badura Ave				
			Ste 1000				
			Las Vegas, NV 89113				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description		
	OF EXPENDITURE		Consulting Expense		Check if travel outside of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense Retainer fee, PhoneBurner, Email		
					Retainer ice, i noneburner, Email		
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	<u> </u>	t Office held		
	expenditure to benefit C/OI			J			
1							

#### 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 Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	• • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/18 Rpt: 35/40	Mostyn, Benjamin M. (Mr.)	00087357
4	Date	5 Payee name	
	12/06/2023	McShane LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$520.50	7975 W Badura Ave	
		Ste 1000	
_		Las Vegas, NV 89113	
8	PURPOSE OF		Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
			Donor commissions
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/29/2023	McShane LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.25	7975 W Badura Ave	
		Ste 1000	
		Las Vegas, NV 89113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			donor commissions
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/29/2023	McShane LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$232.50	7975 W Badura Ave	
		Ste 1000	
		Las Vegas, NV 89113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense donor commissions
			donor commissions
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555 11514

#### 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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 18/18 Rpt: 36/40	Mostyn, Benjamin M. (Mr.) 00087357	
4	Date	5 Payee name	
	12/29/2023	McShane LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	7975 W Badura Ave	
		Ste 1000	
		Las Vegas, NV 89113	
8	PURPOSE	<u> </u>	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website hosting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	7
	expenditure to benefit C/OF		
	Date	Payee name	_
	12/11/2023	Republican Party of Bexar County	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$750.00	10300 Heritage Blvd Ste 240	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Filing Fee Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Filing Fee to be on Republican Ballot	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experience to benefit eyer		
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### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	Expense Wages/Contract Labor	-	Travel in Dis Travel Out o		·
		1	The Instruction Guide explains	now to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	ИE.			3 F	Filer ID	(Ethics Commission	on Filers)
	Sch: 1/4 Rpt: 37/40	Mostyn, B	enjamin M. (Mr.)			(	0008735	57	
4	Date	5 Payee nam	ie						
	08/31/2023	Mostyn, B							
6	Amount (\$)	7 Payee add	ress; City; State;	; Zip Co	ode				
	\$2.50	11323 De	cidedly						
	Reimbursement from		·						
	X political contributions intended	San Antor	nio, TX 78245						
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	edule)	(b) Description	=		outside of Texas. Comple	
	OF EXPENDITURE	Fees			L	Che	eck if Austin,	, TX, officeholder living ex	pense
					Postage	4-1	C i	700 Diable and U	
					United States Po	ostai	Service	702 Richland H	iis Dr., San
9	Complete ONLY if direct expenditure to benefit C/OH	ct Candidate/Officeholder name Office sought Office held							
	Date	Payee nam	ne						
	09/19/2023	Mostyn, B	enjamin						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$35.00	11323 De	cidedly						
	Reimbursement from		,						
	x political contributions intended	San Antor	nio, TX 78245						
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	=		outside of Texas. Comple	
	OF EXPENDITURE	Food/Bev	erage Expense			Che	eck if Austin,	, TX, officeholder living ex	pense
	-				Event & Meal	1.12		0400 1	17 . 11
					Alamo City Repu	JDIICE	an vvom	en, 2186 Jacksor	i Keller
	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
		•							
	Date	Payee nam							
	09/20/2023	Mostyn, B	enjamin						
	Amount (\$)	Payee add	ress; City; State;	; Zip Co	ode				
	\$18.71	11323 De	cidedly						
	Reimbursement from								
	X political contributions intended	San Antor	nio, TX 78245						
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	_		outside of Texas. Comple	
	OF EXPENDITURE	Food/Bev	erage Expense			Che	ck if Austin,	, TX, officeholder living ex	pense
	ZA LIBITORE							men Event & Foo	
					Blanco BBQ, 132	259 E	3lanco F	Rd., San Antonio,	TX, 78216
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought			Office held	

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### **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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 2/4 Rpt: 38/40	2 FILER NAM Mostyn, B	IE enjamin M. (Mr.)				er ID (Ethics Commission Filers) 087357		
4	Date	5 Payee nam				<u> </u>			
	09/21/2023	Mostyn, B							
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode				
	\$430.84	11323 De	cidedly						
	Reimbursement from political contributions intended	San Antor	io, TX 78245						
8	PURPOSE	(a) Category	See Categories listed at the top of this sc	hedule)	(b) Description	Check i	f travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Printing Ex	kpense			Check i	f Austin, TX, officeholder living expense		
	LAFENDITORE				Retractable Banr Duke Rd., San A		waloo Printing & Sign Shop, 1230 TX 78264		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held		
	Date	Payee nam	e						
	09/21/2023	Mostyn, B	enjamin						
	Amount (\$)	Payee addr	ayee address; City; State; Zip Code						
	\$244.00	11323 De	cidedly						
	Reimbursement from political contributions intended	San Antor	iio, TX 78245						
	PURPOSE	Category	See Categories listed at the top of this sc	hedule)	Description	=	f travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Printing E	kpense		L		if Austin, TX, officeholder living expense		
					Printing & table of Office Depot, 119		s oop 410, San Antonio, TX 78245		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held		
	Date	Payee nam	e						
	10/31/2023	Mostyn, B							
	Amount (\$)	Payee addr		e; Zip Co	ode				
	\$32.15	11323 De	cidedly						
	Reimbursement from political contributions intended	San Antor	io, TX 78245						
	PURPOSE	Category	See Categories listed at the top of this sc	hedule)	Description	_	f travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	erage Expense		L	_	if Austin, TX, officeholder living expense		
						•	IOA Halloween Event arbach Rd., San Antonio, TX		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 39/40 Mostyn, Benjamin M. (Mr.) 00087357 Date Payee name 11/08/2023 Mostyn, Benjamin Payee address; Amount (\$) City; State; Zip Code \$46.54 11323 Decidedly Reimbursement from political contributions Х intended San Antonio, TX 78245 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Printing & table displays Office Max, 5427 TX-1604 Loop, San Antonio, TX 78253 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/21/2023 Mostyn, Benjamin Amount (\$) Payee address; City; State; Zip Code \$300.00 11323 Decidedly Reimbursement from political contributions Χ San Antonio, TX 78245 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** 3Q SREC Meeting Hotel Room Holiday Inn Downtown Marina, 707 N Shoreline Blvd Corpus Christi Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2023 Mostyn, Benjamin Payee address; City; State; Zip Code Amount (\$) \$23.00 11323 Decidedly Reimbursement from Χ political contributions intended San Antonio, TX 78245 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** 3Q SREC Meeting off-site BBQ lunch Nueces Brewing Co. 401 S Water St. Corpus Christi Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 40/40 Mostyn, Benjamin M. (Mr.) 00087357 Date Payee name 09/23/2023 Mostyn, Benjamin 6 Amount (\$) Payee address; City; State; Zip Code \$90.00 11323 Decidedly Reimbursement from political contributions intended Х San Antonio, TX 78245 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Hotel Parking 3Q SREC Holiday Inn 707 N Shoreline Blvd Corpus Christi, Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH