

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

|  |   |  |  |        |
|--|---|--|--|--------|
| The SPAC Instruction Guide explains how to complete this form.                         |   | 1 Filer ID<br>(Ethics Commission Filers)<br>00065047 | 2 Total pages filed:<br>38   |        |
| 3 COMMITTEE NAME<br>Texans for Joan Huffman  |   |  | OFFICE USE ONLY  |        |
|  |   |  | Date Received<br>ELECTRONICALLY FILED<br>10/07/2024  |        |
|  |   |  | Date Hand-delivered or Date Postmarked   |        |
|  |   |  | Receipt #  | Amount |
|  |   |  | Date Processed   |        |
|  |   |  | Date Imaged  |        |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3733-1 Westheimer Rd.<br>Suite 40<br>Houston, TX 77027  |  |  |        |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. Jeb   |  |  |        |
|  | NICKNAME LAST SUFFIX<br>Brown   |  |  |        |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3100 Edloe St., Suite 220<br>Houston, TX 77027   |  |  |        |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3100 Edloe St., Suite 220<br>Houston, TX 77027  |  |  |        |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(713) 439-1988  |  |  |        |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination |  |  |        |
| 10 PERIOD COVERED  | Month Day Year<br>07/01/2024 THROUGH 09/26/2024   |  |  |        |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>11/05/2024   |  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |        |

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

|  |  |  |                          |  |
|--|--|--|--------------------------|--|
| <b>12 COMMITTEE NAME</b><br>Texans for Joan Huffman  |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00065047                      |                          |  |
| <b>14 COMMITTEE PURPOSE</b><br><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input type="checkbox"/> <b>SUPPORT</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>OPPOSE</b><br>(Candidate or Measure)<br><br><input checked="" type="checkbox"/> <b>ASSIST</b><br>(Officeholder) | <input type="checkbox"/> Candidate<br><br><input checked="" type="checkbox"/> Officeholder   | <b>CANDIDATE / OFFICEHOLDER NAME</b><br>Sen. Joan Huffman                      |                          |  |
|  |  | <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b><br>State Senator |                          |  |
|  | <input type="checkbox"/> <b>MEASURE</b>  | <b>BALLOT IDENTIFICATION / #</b>   |                          | <b>ELECTION DATE</b><br>Month      Day      Year |
|  |  | <b>DESCRIPTION</b>   |                          |  |
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b> |  | <b>\$</b> \$100.00       |  |
|  | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |  | <b>\$</b> \$223,564.70   |  |
| <b>EXPENDITURE TOTALS</b>  | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  |  | <b>\$</b> \$623.02       |  |
|  | <b>4. TOTAL POLITICAL EXPENDITURES</b>   |  | <b>\$</b> \$17,417.95    |  |
| <b>CONTRIBUTION BALANCE</b>  | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  |  | <b>\$</b> \$1,458,205.61 |  |
| <b>OUTSTANDING LOAN TOTALS</b>   | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   |  | <b>\$</b> \$0.00         |  |

|  |  |  |
|--|--|--|
| <b>16 AFFIDAVIT</b><br><br><div style="text-align: right;">         I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       </div> <div style="margin-top: 20px; text-align: right;">         _____<br/>         Mr. Jeb Brown<br/>         Signature of Campaign Treasurer       </div> <div style="margin-top: 20px;">         Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.       </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div>           _____<br/>           Signature of officer administering oath         </div> <div>           _____<br/>           Printed name of officer administering oath         </div> <div>           _____<br/>           Title of officer administering oath         </div> </div> </div> |  |  |
|--|--|--|

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 38

|   |   |
|---|---|
| <b>17</b> COMMITTEE NAME<br>Texans for Joan Huffman | <b>18</b> Filer ID (Ethics Commission Filers)<br>00065047 |
|---|---|

| <b>19</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL AMOUNT |
|--|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 213,600.66   |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 9,964.04     |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$              |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                     | \$              |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION       | \$              |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                       | \$              |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS  | \$              |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                    | \$ 17,417.95    |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$              |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$              |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$              |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$              |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$              |
| 14. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 8,795.78     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/13 Rpt: 4/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047 |
| <b>4</b> Date<br>09/24/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ACADIAN AMBULANCE TEXAS EMPLOYEE PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>LAFAYETTE, LA 70509 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)             |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>AGRAWAL, DURGA<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77005   | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)<br>PRESIDENT AND CEO |  | Employer (See Instructions)<br>PIPING TECHNOLOGY         |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ALLEN BOONE HUMPHRIES ROBINSON LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77027                       | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                              |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ALVIS, STEVEN<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77040  | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>MANAGING PARTNER  |  | Employer (See Instructions)<br>NEWQUEST PROPERTIES       |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>AMEGY BANK N.A. PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77027                                      | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/13 Rpt: 5/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047 |
| <b>4</b> Date<br>08/08/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ARONSTEIN, LINDSAY<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77019          | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SELF EMPLOYED |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ASSOCIATED BUILDERS & CONTRACTORS OF TEXAS PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78767 | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)                           |   | Employer (See Instructions)                              |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>AT&T, INC. TEXAS PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701                           | Amount of Contribution (\$)<br><br>\$10,000.00           |
| Principal occupation / Job title (See Instructions)                           |   | Employer (See Instructions)                              |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BEER ALLIANCE OF TEXAS PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701                     | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)                           |   | Employer (See Instructions)                              |
| Date<br>08/05/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BROOKS, JERI<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77098                                  | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>CEO                    |   | Employer (See Instructions)<br>ONE WORLD STRATEGY GROUP  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/13 Rpt: 6/38         |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047         |
| <b>4</b> Date<br>09/24/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BURNS BAIL BONDS<br><b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77007        | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)              |   | <b>9</b> Employer (See Instructions)                             |
| Date<br>09/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CALLENDER M.D., DAVID<br>Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77024                     | Amount of Contribution (\$)<br><br>\$2,500.00                    |
| Principal occupation / Job title (See Instructions)<br>PHYSICIAN          |   | Employer (See Instructions)<br>MEMORIAL HERMAN HEALTHCARE SYSTEM |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CONNER, MATTHEW<br>Contributor address; City; State; Zip Code<br><br>CYPRESS, TX 77433                           | Amount of Contribution (\$)<br><br>\$2,500.00                    |
| Principal occupation / Job title (See Instructions)<br>MANAGING PRINCIPAL |   | Employer (See Instructions)<br>ARETE PUBLIC AFFAIRS              |
| Date<br>09/24/2024  | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00377952</u> )<br>CUMMINS INC PAC<br>Contributor address; City; State; Zip Code<br><br>WASHINGTON, DC 20004 | Amount of Contribution (\$)<br><br>\$2,000.00                    |
| Principal occupation / Job title (See Instructions)                       |   | Employer (See Instructions)                                      |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DAVIDSON, KRISTINA<br>Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77024                        | Amount of Contribution (\$)<br><br>\$2,500.00                    |
| Principal occupation / Job title (See Instructions)<br>FOUNDER            |   | Employer (See Instructions)<br>PADFOOT PAC                       |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/13 Rpt: 7/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047 |
| <b>4</b> Date<br>09/24/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DOW INC PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>MIDLAND, MO 48674 | <b>7</b> Amount of Contribution (\$)<br><br>\$4,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DUNCAN, JAN<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77019                   | Amount of Contribution (\$)<br><br>\$5,000.00            |
| Principal occupation / Job title (See Instructions)<br>RETIRED   |   | Employer (See Instructions)                              |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>EMPACT<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701                         | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>09/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FAUST, TENA & TYSON<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77027           | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>SELF      |   | Employer (See Instructions)<br>SELF                      |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GRACE & MCEWAN CONSULTING LLC<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701  | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/13 Rpt: 8/38      |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047      |
| <b>4</b> Date<br>08/13/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GRAFF, MICHAEL<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77024        | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CHAIRMAN |   | <b>9</b> Employer (See Instructions)<br>AIR LIQUID - AMERICAN |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GREATER HOUSTON BUILDERS ASSOC HOME-PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77064 | Amount of Contribution (\$)<br><br>\$1,000.00                 |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                                   |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GULF STATES TOYOTA INC.STATE PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77077        | Amount of Contribution (\$)<br><br>\$5,000.00                 |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                                   |
| Date<br>09/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HARDIN, RUSTY<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77005                           | Amount of Contribution (\$)<br><br>\$1,000.00                 |
| Principal occupation / Job title (See Instructions)<br>ATTORNEY          |   | Employer (See Instructions)<br>RUSTY HARDIN AND ASSOCIATES    |
| Date<br>09/11/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOLSENBECK Jr., WILEY<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77027                   | Amount of Contribution (\$)<br><br>\$1,000.00                 |
| Principal occupation / Job title (See Instructions)<br>RETIRED           |   | Employer (See Instructions)                                   |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/13 Rpt: 9/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047 |
| <b>4</b> Date<br>09/24/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOMEPAAC OF THE TEXAS ASSN. OF BUILDERS<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOUSTON APARTMENT ASSOCIATION PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77041                        | Amount of Contribution (\$)<br><br>\$3,000.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOUSTON PILOTS PAC FUND<br><hr/> Contributor address; City; State; Zip Code<br><br>DEER PARK, TX 77536                                | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOUSTON POLICE OFFICERS UNION PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77007-7730                   | Amount of Contribution (\$)<br><br>\$5,000.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOUSTON PROFESSIONAL FIRE FIGHTERS ASSN PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77009              | Amount of Contribution (\$)<br><br>\$10,000.00           |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/13 Rpt: 10/38        |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047         |
| <b>4</b> Date<br>09/24/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HPCP INVESTMENTS LLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77241           | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)              |  | <b>9</b> Employer (See Instructions)                             |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HUMANE SOCIETY LEGISLATIVE FUND OF TEXAS PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>WASHINGTON , DC 20037 | Amount of Contribution (\$)<br><br>\$1,500.00                    |
| Principal occupation / Job title (See Instructions)                       |  | Employer (See Instructions)                                      |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>JOHNSON, JOHN<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77007                                    | Amount of Contribution (\$)<br><br>\$10,000.00                   |
| Principal occupation / Job title (See Instructions)<br>PRESIDENT          |  | Employer (See Instructions)<br>SILVER EAGLE DISTRIBUTION HOUSTON |
| Date<br>09/10/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAGRONE, KERRY & JAN<br><hr/> Contributor address; City; State; Zip Code<br><br>TOMBALL, TX 77377                             | Amount of Contribution (\$)<br><br>\$2,500.00                    |
| Principal occupation / Job title (See Instructions)<br>GENERAL CONTRACTOR |  | Employer (See Instructions)<br>LAGRONE SERVICES, LTD             |
| Date<br>09/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LOPEZ, FAVIO<br><hr/> Contributor address; City; State; Zip Code<br><br>FAIRFAX STATION, VA 22039                             | Amount of Contribution (\$)<br><br>\$1,000.00                    |
| Principal occupation / Job title (See Instructions)<br>EXECUTIVE          |  | Employer (See Instructions)<br>TRIDEUM                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/13 Rpt: 11/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>09/19/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LUNDQUIST, TAMA<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77019 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00    |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED        |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>08/26/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MOAK CASEY PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701                     | Amount of Contribution (\$)<br><br>\$2,500.00             |
| Principal occupation / Job title (See Instructions)                            |   | Employer (See Instructions)                               |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MORENO, MARK<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77025                      | Amount of Contribution (\$)<br><br>\$1,000.00             |
| Principal occupation / Job title (See Instructions)<br>HOSPITAL ADMINISTRATION |   | Employer (See Instructions)<br>MD ANDERSON                |
| Date<br>09/20/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MUNOZ, LINDSAY<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77018                    | Amount of Contribution (\$)<br><br>\$1,000.00             |
| Principal occupation / Job title (See Instructions)<br>CONSULTING              |   | Employer (See Instructions)<br>WHITMIRE & MUNOZ LLC       |
| Date<br>09/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>NAU III, JOHN<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77019                     | Amount of Contribution (\$)<br><br>\$10,000.00            |
| Principal occupation / Job title (See Instructions)<br>RETIRED                 |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 9/13 Rpt: 12/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>08/27/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PHILLIPS 66 PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>WASHINGTON, DC 20004 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.66    |
| <b>8</b> Principal occupation / Job title (See Instructions)             |  | <b>9</b> Employer (See Instructions)                      |
| Date<br>08/27/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>REPUBLICAN PARTY OF WHARTON COUNTY<br><hr/> Contributor address; City; State; Zip Code<br><br>WHARTON, TX 77488   | Amount of Contribution (\$)<br><br>\$3,000.00             |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                               |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SAMEH, MOHAMED<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77056                       | Amount of Contribution (\$)<br><br>\$2,000.00             |
| Principal occupation / Job title (See Instructions)<br>MANAGING DIRECTOR |  | Employer (See Instructions)<br>SESCO CEMENT               |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SCHATTE, ANDREW<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77005                      | Amount of Contribution (\$)<br><br>\$10,000.00            |
| Principal occupation / Job title (See Instructions)<br>EXECUTIVE         |  | Employer (See Instructions)<br>AMERICUS HOLDINGS, LP      |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SCHWARTZ, PAGE & HARDING LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77056         | Amount of Contribution (\$)<br><br>\$2,500.00             |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/13 Rpt: 13/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/17/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SINCLAIR , DONALD<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77005     | <b>7</b> Amount of Contribution (\$)<br><br>\$5,000.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/03/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>STEDMAN, STUART<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77019                         | Amount of Contribution (\$)<br><br>\$10,000.00             |
| Principal occupation / Job title (See Instructions)<br>PRESIDENT        |   | Employer (See Instructions)<br>STEDMAN WEST INTERESTS, INC |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>STILES, ADAM<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77024                            | Amount of Contribution (\$)<br><br>\$10,000.00             |
| Principal occupation / Job title (See Instructions)<br>PRESIDENT        |   | Employer (See Instructions)<br>RECANA STAFFING SOLUTIONS   |
| Date<br>08/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SULLIVAN, VAN<br><hr/> Contributor address; City; State; Zip Code<br><br>HUNTSVILLE, AL 35806                        | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>CEO              |   | Employer (See Instructions)<br>TRIDEUM CORP                |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TEXAS AGRICULTURAL CO-OP COUNCIL PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>ROUND ROCK, TX 78664 | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/13 Rpt: 14/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/24/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TEXAS APARTMENT ASSOCIATION PAC<br><b>6</b> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78701 | <b>7</b> Amount of Contribution (\$)<br><br>\$5,000.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TEXAS HOME CARE & HOSPICE PAC<br>Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78759                     | Amount of Contribution (\$)<br><br>\$5,500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TEXAS REALTORS PAC<br>Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78768                                | Amount of Contribution (\$)<br><br>\$10,000.00             |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS PAC<br>Contributor address; City; State; Zip Code<br><br>DALLAS, TX 75254 | Amount of Contribution (\$)<br><br>\$3,500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TOM RAMSEY CAMPAIGN<br>Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77255                              | Amount of Contribution (\$)<br><br>\$2,500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 12/13 Rpt: 15/38 |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/24/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Aggregates & Concrete Assn.-PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>ROUND ROCK, TX 78681 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)                 |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Radiological Society PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78257                         | Amount of Contribution (\$)<br><br>\$2,000.00              |
| Principal occupation / Job title (See Instructions)                          |  | Employer (See Instructions)                                |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>UNIVERSITY OF HOUSTON PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77227                                  | Amount of Contribution (\$)<br><br>\$5,000.00              |
| Principal occupation / Job title (See Instructions)                          |  | Employer (See Instructions)                                |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WEEKLEY, RICHARD<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77027   | Amount of Contribution (\$)<br><br>\$10,000.00             |
| Principal occupation / Job title (See Instructions)<br>EXECUTIVE             |  | Employer (See Instructions)<br>WEEKLEY PROPERTIES          |
| Date<br>09/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILSON Jr., WELCOME<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77057  | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>REAL ESTATE EXECUTIVE |  | Employer (See Instructions)<br>WELCOME GROUP LLC           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/13 Rpt: 16/38       |
| <b>2</b> FILER NAME<br>Texans for Joan Huffman                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047         |
| <b>4</b> Date<br>09/24/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WIMBISH, STACEY<br><b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77056 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,000.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>PRESIDENT |   | <b>9</b> Employer (See Instructions)<br>GILLMAN AUTOMOTIVE GROUP |
| Date<br>09/03/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WONG, DANIEL<br>Contributor address; City; State; Zip Code<br><br>MISSOURI CITY, TX 77459                | Amount of Contribution (\$)<br><br>\$2,500.00                    |
| Principal occupation / Job title (See Instructions)<br>ENGINEER           |   | Employer (See Instructions)<br>TOLUNAY-WONG ENGINEERS, INC.      |



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|  |  |  |   |
|--|--|--|---|
| The Instruction Guide explains how to complete this form.                        |  | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 17/38                                  |   |
| 2 FILER NAME<br>Texans for Joan Huffman  |  | 3 Filer ID (Ethics Commission Filers)<br>00065047                                  |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                            |  | \$   |   |
| 5 Date<br>09/24/2024   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HASSENFLU, ALAN<br>7 Contributor address; City; State; Zip Code<br><br>BELLAIRE, TX 77401 | 8 Amount of contribution (\$)<br>\$4,700.00  | 9 In-kind contribution description<br>FUND-RAISER EVENT FEES AND EXPENSES |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>CEO |  | 11 Employer (FOR NON-JUDICIAL) (See instructions)<br>FIDELIS REALTY PARTNERS, LTD. |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)                             |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                       |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      |  |  |   |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LOCKE LORD, LLP<br>Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77002      | Amount of contribution (\$)<br>\$5,264.04  | In-kind contribution description<br>FUNDRAISER EVENT FEES AND EXPENSES    |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)           |  | Employer (FOR NON-JUDICIAL) (See instructions)                                     |   |
| Contributor's principal occupation (FOR JUDICIAL)                                |  | Contributor's job title (FOR JUDICIAL) (See instructions)                          |   |
| Contributor's employer/law firm (FOR JUDICIAL)                                   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                           |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)         |  |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/20 Rpt: 18/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>09/16/2024   | <b>5</b> Payee name<br>AMAZON   |   |
| <b>6</b> Amount (\$)<br>\$128.82                                    | <b>7</b> Payee address; City; State; Zip Code<br>410 TERRY AVENUE NORTH<br><br>SEATTLE, WA 98109          |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>OFFICE SUPPLIES                             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>08/26/2024  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>AMERICAN AIRLINES                                     |   |   |
| Amount (\$)<br>\$1,228.95   | Payee address; City; State; Zip Code<br>4333 AMON CARTER BLVD<br><br>FT WORTH, TX 76155                   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL FOR POLITICAL MEETING                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>07/03/2024  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>ANEDOT  |   |   |
| Amount (\$)<br>\$100.30   | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808            |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
|   |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/20 Rpt: 19/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>08/08/2024   | <b>5</b> Payee name<br>ANEDOT   |   |
| <b>6</b> Amount (\$)<br>\$40.30                                     | <b>7</b> Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>08/13/2024  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>ANEDOT  |   |   |
| Amount (\$)<br>\$40.30  | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>08/16/2024  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>ANEDOT  |   |   |
| Amount (\$)<br>\$100.30   | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/20 Rpt: 20/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>08/26/2024   | <b>5</b> Payee name<br>ANEDOT   |   |
| <b>6</b> Amount (\$)<br>\$40.30                                     | <b>7</b> Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/06/2024  | Payee name<br>ANEDOT  |   |
| Amount (\$)<br>\$500.60   | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/13/2024  | Payee name<br>ANEDOT  |   |
| Amount (\$)<br>\$180.90   | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/20 Rpt: 21/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>09/11/2024   | <b>5</b> Payee name<br>ANEDOT   |   |
| <b>6</b> Amount (\$)<br>\$40.30                                     | <b>7</b> Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/17/2024  | Payee name<br>ANEDOT  |   |
| Amount (\$)<br>\$640.90   | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/23/2024  | Payee name<br>ANEDOT  |   |
| Amount (\$)<br>\$40.30  | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/20 Rpt: 22/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>09/24/2024   | <b>5</b> Payee name<br>ANEDOT   |   |
| <b>6</b> Amount (\$)<br>\$40.30                                     | <b>7</b> Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/19/2024  | Payee name<br>ANEDOT  |   |
| Amount (\$)<br>\$200.30   | Payee address; City; State; Zip Code<br>5555 HILTON AVE.<br>SUITE 106<br>BATON ROUGE, LA 70808            |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CREDIT CARDS FEES FOR CAMPAIGN CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/31/2024  | Payee name<br>ARCENEUX, AUSTIN  |   |
| Amount (\$)<br>\$750.00   | Payee address; City; State; Zip Code<br>12810 SHERBOURNE ST<br><br>AUSTIN, TX 78729                       |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN CONTRACT LABOR                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/20 Rpt: 23/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>08/31/2024   | <b>5</b> Payee name<br>ARCENEAX, AUSTIN   |   |
| <b>6</b> Amount (\$)<br>\$750.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>12810 SHERBOURNE ST<br><br>AUSTIN, TX 78729              |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN CONTRACT LABOR     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/25/2024  | Payee name<br>AT&T MOBILITY   |   |
| Amount (\$)<br>\$154.01   | Payee address; City; State; Zip Code<br>PO BOX 537104<br><br>ATLANTA, TX 30353-7104                       |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN TELECOMMUNICATIONS |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/26/2024  | Payee name<br>AT&T MOBILITY   |   |
| Amount (\$)<br>\$162.10   | Payee address; City; State; Zip Code<br>PO BOX 537104<br><br>ATLANTA, TX 30353-7104                       |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN TELECOMMUNICATIONS |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/20 Rpt: 24/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>09/26/2024   | <b>5</b> Payee name<br>AT&T MOBILITY  |   |
| <b>6</b> Amount (\$)<br>\$199.54                                    | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 537104<br><br>ATLANTA, TX 30353-7104              |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN TELECOMMUNICATIONS |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/16/2024  | Payee name<br>BRAZOPORT FACT  |   |
| Amount (\$)<br>\$19.50  | Payee address; City; State; Zip Code<br>720 S MAIN ST<br><br>CLUTE, TX 77531                              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SUBSCRIPTION                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/17/2024  | Payee name<br>BRAZOSPORT FACTS  |   |
| Amount (\$)<br>\$2.99   | Payee address; City; State; Zip Code<br>720 S MAIN ST<br><br>CLUTE, TX 77531                              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SUBSCRIPTION                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/20 Rpt: 25/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/16/2024   | <b>5</b> Payee name<br>BRAZOSPORT FACTS   |  |
| <b>6</b> Amount (\$)<br>\$19.50                                     | <b>7</b> Payee address; City; State; Zip Code<br>720 S MAIN ST<br><br>CLUTE, TX 77531                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SUBSCRIPTION           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/12/2024  | Payee name<br>CARRYING HOPE   |  |
| Amount (\$)<br>\$102.50   | Payee address; City; State; Zip Code<br>9600 ESCARPMENT BLVD<br>STE 745-239<br>AUSTIN, TX 78749           |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>EVENT REGISTRATION FEE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/28/2024  | Payee name<br>CONSTANT CONTACT  |  |
| Amount (\$)<br>\$55.44  | Payee address; City; State; Zip Code<br>RESERVOIR PLACE<br>1601 TRAPELO ROAD<br>WALTHAM, MA 02451         |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN EMAIL SERVICE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/20 Rpt: 26/38           | <b>2</b> FILER NAME<br>Texans for Joan Huffman   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>08/28/2024   | <b>5</b> Payee name<br>CONSTANT CONTACT  |  |
| <b>6</b> Amount (\$)<br>\$55.44                                     | <b>7</b> Payee address; City; State; Zip Code<br>RESERVOIR PLACE<br>1601 TRAPELO ROAD<br>WALTHAM, MA 02451 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN EMAIL SERVICE                     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/29/2024  | Payee name<br>COSTCO   |  |
| Amount (\$)<br>\$133.10   | Payee address; City; State; Zip Code<br>10401 Research Blvd<br><br>AUSTIN, TX 78759                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>OFFICE SUPPLIES                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/24/2024  | Payee name<br>DOUBLETREE BY HILTON   |  |
| Amount (\$)<br>\$264.15   | Payee address; City; State; Zip Code<br>5353 WESTHEIMER ROAD<br><br>HOUSTON, TX 77056                      |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>LODGING FOR OFFICEHOLDER'S STAFF FOR EVENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/20 Rpt: 27/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/24/2024   | <b>5</b> Payee name<br>DOUBLETREE BY HILTON   |  |
| <b>6</b> Amount (\$)<br>\$229.51                                    | <b>7</b> Payee address; City; State; Zip Code<br>5353 WESTHEIMER ROAD<br><br>HOUSTON, TX 77056    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>LODGING FOR OFFICEHOLDER'S STAFF FOR EVENT |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/24/2024  | Payee name<br>DOUBLETREE BY HILTON  |  |
| Amount (\$)<br>\$32.00  | Payee address; City; State; Zip Code<br>5353 WESTHEIMER ROAD<br><br>HOUSTON, TX 77056             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PARKING FOR OFFICEHOLDER FOR EVENT         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/09/2024  | Payee name<br>DOWNRIGHT AUSTIN  |  |
| Amount (\$)<br>\$1,097.89   | Payee address; City; State; Zip Code<br>701 EAST 11TH ST<br><br>AUSTIN, TX 78701                  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>LODGING FOR OFFICEHOLDER'S MEETING         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/20 Rpt: 28/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/05/2024   | <b>5</b> Payee name<br>GARDNER PATE PLLC   |  |
| <b>6</b> Amount (\$)<br>\$125.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>P O BOX 729<br><br>AUSTIN, TX 78767           |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN PROFESSIONAL SERVICES |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/05/2024  | Payee name<br>GODADDY.COM  |  |
| Amount (\$)<br>\$199.98   | Payee address; City; State; Zip Code<br>14455 NORTH HAYDEN ROAD<br><br>SCOTTSDALE, AZ 85260    |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN ADVERTISING           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/23/2024  | Payee name<br>GODADDY.COM  |  |
| Amount (\$)<br>\$652.01   | Payee address; City; State; Zip Code<br>14455 NORTH HAYDEN ROAD<br><br>SCOTTSDALE, AZ 85260    |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN ADVERTISING           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/20 Rpt: 29/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/03/2024   | <b>5</b> Payee name<br>GODADDY.COM   |  |
| <b>6</b> Amount (\$)<br>\$89.42                                     | <b>7</b> Payee address; City; State; Zip Code<br>14455 NORTH HAYDEN ROAD<br><br>SCOTTSDALE, AZ 85260   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN ADVERTISING |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/11/2024  | Payee name<br>GODADDY.COM  |  |
| Amount (\$)<br>\$47.99  | Payee address; City; State; Zip Code<br>14455 NORTH HAYDEN ROAD<br><br>SCOTTSDALE, AZ 85260  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN ADVERTISING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/09/2024  | Payee name<br>GREATER HOUSTON COUNCIL OF FEDERATED REPUBLICAN WOMAN  |  |
| Amount (\$)<br>\$1,000.00   | Payee address; City; State; Zip Code<br>7941 KATY FREEWAY<br>STE 272<br>HOUSTON, TX 77024  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>POLITICAL DONATION   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/20 Rpt: 30/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/11/2024   | <b>5</b> Payee name<br>HILTON  |  |
| <b>6</b> Amount (\$)<br>\$346.52                                    | <b>7</b> Payee address; City; State; Zip Code<br>9515 HOTEL DRIVE<br><br>AUSTIN, TX 78719                |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>LODGING FOR OFFICEHOLDER'S MEETING |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/31/2024  | Payee name<br>KNESEK, JENNIFER   |  |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>15211 PARK ROW<br>APT 427<br>HOUSTON, TX 77084                   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN CONTRACT LABOR            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/31/2024  | Payee name<br>KNESEK, JENNIFER   |  |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>15211 PARK ROW<br>APT 427<br>HOUSTON, TX 77084                   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN CONTRACT LABOR            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/20 Rpt: 31/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>08/29/2024   | <b>5</b> Payee name<br>OMNI FRISCO  |   |
| <b>6</b> Amount (\$)<br>\$107.28                                    | <b>7</b> Payee address; City; State; Zip Code<br>11 WAY<br><br>FRISCO, TX 75034                           |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>LODGING FOR OFFICEHOLDER'S MEETING        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/03/2024  | Payee name<br>PUBLIC STORAGE  |   |
| Amount (\$)<br>\$148.00   | Payee address; City; State; Zip Code<br>2603 JOEL WHEATON RD<br>STE 400<br>HOUSTON, TX 77802              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>STORAGE FOR OFFICEHOLDER'S HOUSTON OFFICE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/02/2024  | Payee name<br>PUBLIC STORAGE  |   |
| Amount (\$)<br>\$148.00   | Payee address; City; State; Zip Code<br>2603 JOEL WHEATON RD<br>STE 400<br>HOUSTON, TX 77802              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>STORAGE FOR OFFICEHOLDER'S HOUSTON OFFICE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/20 Rpt: 32/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047  |
| <b>4</b> Date<br>09/03/2024   | <b>5</b> Payee name<br>PUBLIC STORAGE   |   |
| <b>6</b> Amount (\$)<br>\$148.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>2603 JOEL WHEATON RD<br>STE 400<br>HOUSTON, TX 77802     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>STORAGE FOR OFFICEHOLDER'S HOUSTON OFFICE |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/03/2024  | Payee name<br>PUBLIC STORAGE  |   |
| Amount (\$)<br>\$188.00   | Payee address; City; State; Zip Code<br>2121 S I-35<br><br>AUSTIN, TX 78741                               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>STORAGE FOR OFFICEHOLDER'S AUSTIN OFFICE  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/02/2024  | Payee name<br>PUBLIC STORAGE  |   |
| Amount (\$)<br>\$188.00   | Payee address; City; State; Zip Code<br>2121 S I-35<br><br>AUSTIN, TX 78741                               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>STORAGE FOR OFFICEHOLDER'S AUSTIN OFFICE  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/20 Rpt: 33/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/03/2024   | <b>5</b> Payee name<br>PUBLIC STORAGE   |  |
| <b>6</b> Amount (\$)<br>\$224.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>2121 S I-35<br><br>AUSTIN, TX 78741                                    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>STORAGE FOR OFFICEHOLDER'S AUSTIN OFFICE |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/04/2024  | Payee name<br>RANGE ROVER - AUSTIN  |  |
| Amount (\$)<br>\$2,248.34   | Payee address; City; State; Zip Code<br>1515 WEST 5TH ST<br><br>AUSTIN, TX 78703  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>REPAIRS TO CAMPAIGN VEHICLE              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/02/2024  | Payee name<br>REEVES, JANE  |  |
| Amount (\$)<br>\$875.00   | Payee address; City; State; Zip Code<br>2121 BRITTMOORE RD<br>STE 8700<br>HOUSTON, TX 77043                             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CAMPAIGN PROFESSIONAL SERVICES           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/20 Rpt: 34/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/10/2024   | <b>5</b> Payee name<br>SOUTHWEST AIRLINES  |  |
| <b>6</b> Amount (\$)<br>\$1,149.92                                  | <b>7</b> Payee address; City; State; Zip Code<br>2702 LOVE FIELD DR<br><br>DALLAS, TX 75235              |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL FOR POLITICAL MEETING               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/05/2024  | Payee name<br>THE TEXAS SENATE   |  |
| Amount (\$)<br>\$445.00   | Payee address; City; State; Zip Code<br>400 CAPITOL DR<br><br>AUSTIN, TX 78753                           |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>GIFTS/PRIZES FOR CAMPAIGN/POLITICAL EVENTS |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/15/2024  | Payee name<br>TRANSPORTATION ADVOCACY GROUP  |  |
| Amount (\$)<br>\$140.00   | Payee address; City; State; Zip Code<br>2339 COMMERCE ST<br><br>HOUSTON, TX 77002                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>EVENT REGISTRATION FEE                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/20 Rpt: 35/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>07/12/2024   | <b>5</b> Payee name<br>UBER   |  |
| <b>6</b> Amount (\$)<br>\$45.58                                     | <b>7</b> Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/19/2024  | Payee name<br>UBER  |  |
| Amount (\$)<br>\$38.96  | Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/29/2024  | Payee name<br>UBER  |  |
| Amount (\$)<br>\$143.13   | Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/20 Rpt: 36/38          | <b>2</b> FILER NAME<br>Texans for Joan Huffman  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065047   |
| <b>4</b> Date<br>09/03/2024   | <b>5</b> Payee name<br>UBER   |  |
| <b>6</b> Amount (\$)<br>\$21.46                                     | <b>7</b> Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/06/2024  | Payee name<br>UBER  |  |
| Amount (\$)<br>\$64.06  | Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/09/2024  | Payee name<br>UBER  |  |
| Amount (\$)<br>\$24.35  | Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 20/20 Rpt: 37/38   | 2 FILER NAME<br>Texans for Joan Huffman  | 3 Filer ID (Ethics Commission Filers)<br>00065047   |
| 4 Date<br>09/24/2024                                  | 5 Payee name<br>UBER   |   |
| 6 Amount (\$)<br>\$114.95                             | 7 Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103 |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/25/2024                                    | Payee name<br>UBER   |   |
| Amount (\$)<br>\$21.44                                | Payee address; City; State; Zip Code<br>1455 MARKET ST<br>STE 400<br>SAN FRANCISCO, CA 94103   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TRAVEL |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 38/38

2 FILER NAME

Texans for Joan Huffman

3 Filer ID (Ethics Commission Filers)  
00065047

4 Date

07/31/2024

5 Name of person from whom amount is received

FIDELITY INVESTMENTS

8 Amount (\$)

\$4,395.41

6 Address of person from whom amount is received; City; State; Zip Code

BOSTON, MA 02205

7 Purpose for which amount is received

INTEREST

☐ Check if political contribution returned to filer

Date

08/31/2024

Name of person from whom amount is received

FIDELITY INVESTMENTS

Amount (\$)

\$4,400.37

Address of person from whom amount is received; City; State; Zip Code

BOSTON, MA 02205

Purpose for which amount is received

INTEREST

☐ Check if political contribution returned to filer