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

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans for Joan Huffma	an		00065047	
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
PURPOSE		Sen. Joan Huffman		
(Attach lists on plain paper to complete this	Candidate			
report if necessary.)	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)	
	A Gillectioned	State Senator	2 (0001.0.00.)	
SUPPORT				
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE
OPPOSE			Month	Day Year
(Candidate or Measure)	_			
X ASSIST	Measure Measure	DESCRIPTION		
(Officeholder)				
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	N PLEDGES,	\$ \$100.00
	ELECTRONICALLY), UI			Ψ100.00
	2. TOTAL POLITICAL (CONTRIBUTIONS		
	(OTHER THAN PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS)		\$ \$223,564.70
	9 TOTAL UNITERIIZED D	OLITICAL EVENINITURES		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	OLITICAL EXPENDITURES		\$ \$623.02
				,,,,,,
	4. TOTAL POLITICAL E	EXPENDITURES		
				\$ \$17,417.95
CONTRIBUTION	5. TOTAL POLITICAL CON	NTRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	
BALANCE	REPORTING PERIOD		D/ (1 01 111E	\$ \$1,458,205.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF T	THE LAST	
LOAN TOTALS	DAT OF THE REPORT	NG FERIOD		\$ \$0.00
				<u> </u>
16 AFFIDAVIT		I swear, or affirm, under penalty of perj	ury, that the acc	companying report is true
		and correct and includes all information Title 15, Election Code.		
		Title 15, Election Code.		
		Mr. Je	b Brown	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	mpaign Treasur	er
		, tl	nis the	day
of	_, 20, to certify which	ch, witness my hand and seal of office.		
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Little of office	er administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3 3 of 38

0 01 00						
17 COMM	VITTE	E NAME	18 Filer ID	(Eth	nics Commission Filers)	
Texan	ns fo	r Joan Huffman	00065047			
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT	
1.	Х	\$	213,600.66			
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,964.04	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
7.		SCHEDULE E: LOANS		\$		
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	17,417.95	
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	8,795.78	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/38			
2	FILER NAME Texans for J	oan Huffman			3	Filer ID (Ethics Commission 00065047	on Filers)		
4	Date 09/24/2024	 5 Full name of contributor ACADIAN AMBULANCE 6 Contributor address; City; St 			7	Amount of Contribution (\$)	\$2,000.00		
		LAFAYETTE, LA 70509							
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 09/24/2024	Full name of contributor AGRAWAL, DURGA Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$2,500.00		
	Dringing aggr	HOUSTON, TX 77005	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u>,,</u>				
	PRESIDENT	pation / Job title (See Instructions - AND CEO)	PIPING TECHNOLOGY					
	Date 09/24/2024	Full name of contributor ALLEN BOONE HUMPHF Contributor address; City; St)		Amount of Contribution (\$)	\$2,500.00		
		HOUSTON, TX 77027							
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 09/24/2024	Full name of contributor ALVIS, STEVEN Contributor address; City; St HOUSTON, TX 77040)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu MANAGING	pation / Job title (See Instructions PARTNER)	Employer (See Instructions NEWQUEST PROPER		S			
	Date 09/24/2024	Full name of contributor AMEGY BANK N.A. PAC Contributor address; City; St HOUSTON, TX 77027	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
			1						

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instru	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/38		
2	FILER NAME Texans for J	oan Huffman		3	Filer ID (Ethics Commissi 00065047	on Filers)	
4	Date 08/08/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-		7	Amount of Contribution (\$)	\$1,000.00	
		HOUSTON, TX 77019					
8	Principal occu SELF EMPL	pation / Job title (See Instructions) OYED	9 Employe	er (See Instructions)			
	Date 09/24/2024	ASSOCIATED BUILDERS & CON			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employe	er (See Instructions)			
	Date 09/24/2024	Full name of contributor out-or out-or out-or AT&T, INC. TEXAS PAC Contributor address; City; State; Zip C	-state PAC (ID#:		Amount of Contribution (\$)	\$10,000.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employe	er (See Instructions)			
	Date 09/24/2024	Full name of contributor out-o BEER ALLIANCE OF TEXAS PAC Contributor address; City; State; Zip C			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employe	er (See Instructions)			
	Date 08/05/2024	Full name of contributor out-or BROOKS, JERI Contributor address; City; State; Zip C	-state PAC (ID#:		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		er (See Instructions) ORLD STRATEGY	/ GROUP		
			1				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/38	
2	FILER NAME Texans for J	oan Huffman			3	Filer ID (Ethics Commission 00065047	on Filers)
4	Date 09/24/2024	5 Full name of contributor BURNS BAIL BONDS6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
		HOUSTON, TX 77007					
8	Principal occu	pation / Job title (See Instructions) 	Employer (See Instructions	s)		
	Date 09/25/2024	Full name of contributor CALLENDER M.D., DAV Contributor address; City; St)		Amount of Contribution (\$)	\$2,500.00
	Dringinal occu	HOUSTON, TX 77024 pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	pation / Job title (See Instituctions		MEMORIAL HERMAN I		ALTHCARE SYSTEM	
	Date 09/24/2024	Full name of contributor CONNER, MATTHEW Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	CYPRESS, TX 77433 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	MANAGING	PRINCIPAL		ARETE PUBLIC AFFAI	RS		
	Date 09/24/2024	Full name of contributor CUMMINS INC PAC Contributor address; City; St WASHINGTON, DC 2000		00377952)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor DAVIDSON, KRISTINA Contributor address; City; St HOUSTON, TX 77024	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu FOUNDER	pation / Job title (See Instructions)	Employer (See Instructions PADFOOT PAC	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/38	
2	FILER NAME Texans for J	oan Huffman		3	Filer ID (Ethics Commission 00065047	on Filers)
4	Date 09/24/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$4,000.00
8	Principal occu	MIDLAND, MO 48674 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
_	i illoipai ooda	salion, oos tille (coe moducions)	Employer (eee meadeans	,		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: DUNCAN, JAN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		HOUSTON, TX 77019				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: EMPACT Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:FAUST, TENA & TYSON Contributor address; City; State; Zip Code HOUSTON, TX 77027)		Amount of Contribution (\$)	\$1,000.00
	Principal occu SELF	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 09/24/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/38	
2	FILER NAME Texans for J	oan Huffman			3	Filer ID (Ethics Commission 00065047	on Filers)
4	Date 08/13/2024	5 Full name of contributor GRAFF, MICHAEL6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
		HOUSTON, TX 77024					
8	Principal occu CHAIRMAN	pation / Job title (See Instructions	;) 	9 Employer (See Instructions AIR LIQUID - AMERICA			
	Date 09/24/2024	Full name of contributor GREATER HOUSTON BU Contributor address; City; St HOUSTON, TX 77064		ME-PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Date 09/24/2024	Full name of contributor GULF STATES TOYOTA Contributor address; City; St			•	Amount of Contribution (\$)	\$5,000.00
	Principal occu	HOUSTON, TX 77077 pation / Job title (See Instructions	s)	Employer (See Instructions	 - s)		
	Date 09/09/2024	Full name of contributor HARDIN, RUSTY Contributor address; City; Si HOUSTON, TX 77005)		Amount of Contribution (\$)	\$1,000.00
	Principal occu ATTORNEY	pation / Job title (See Instructions	5)	Employer (See Instructions RUSTY HARDIN AND A		SOCIATES	
	Date 09/11/2024	Full name of contributor HOLSENBECK Jr., WILE Contributor address; City; Si HOUSTON, TX 77027			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu RETIRED	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/38	
2	FILER NAME Texans for J	oan Huffman		3	Filer ID (Ethics Commission 00065047	on Filers)
4	Date 09/24/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: HOUSTON APARTMENT ASSOCIATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
	Dringing aggr	HOUSTON, TX 77041	Employer (Coo Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ HOUSTON PILOTS PAC FUND Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		DEER PARK, TX 77536				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_HOUSTON POLICE OFFICERS UNION PAC Contributor address; City; State; Zip Code HOUSTON, TX 77007-7730)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_HOUSTON PROFESSIONAL FIRE FIGHTERS A			Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/38			
2	FILER NAME Texans for J	oan Huffman		3 Filer ID (Ethics Commission Filers) 00065047			
4	Date 09/24/2024	 Full name of contributor out-of-state PAC (ID#: HPCP INVESTMENTS LLC Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.00			
8	Dringinal occu	HOUSTON, TX 77241 pation / Job title (See Instructions)	9 Employer (See Instructions				
0	Fillicipal occu	pation / Job title (See Instituctions)	Employer (See Instructions)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_HUMANE SOCIETY LEGISLATIVE FUND OF Contributor address; City; State; Zip Code WASHINGTON, DC 20037		Amount of Contribution (\$) \$1,500.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;;)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ JOHNSON, JOHN Contributor address; City; State; Zip Code HOUSTON, TX 77007		Amount of Contribution (\$) \$10,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions SILVER EAGLE DISTRI				
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_LAGRONE, KERRY & JAN Contributor address; City; State; Zip Code TOMBALL, TX 77377		Amount of Contribution (\$) \$2,500.00			
		pation / Job title (See Instructions)	Employer (See Instructions LAGRONE SERVICES,				
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_LOPEZ, FAVIO Contributor address; City; State; Zip Code FAIRFAX STATION, VA 22039)	Amount of Contribution (\$) \$1,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions TRIDEUM	· ;)			
			•				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/38	
2	FILER NAME Texans for J	oan Huffman			3	Filer ID (Ethics Commission 00065047	ion Filers)
4	Date 09/19/2024	 5 Full name of contributor LUNDQUIST, TAMA 6 Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		HOUSTON, TX 77019					
8	Principal occu RETIRED	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	S) 		
	Date 08/26/2024	Full name of contributor MOAK CASEY PAC Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions	2)	Employer (See Instructions	s) 		
	rincipal occu	pation / Job title (See Instructions	5)	Employer (See instructions	>)		
	Date 09/24/2024	Full name of contributor MORENO, MARK Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	HOUSTON, TX 77025 pation / Job title (See Instructions	S)	Employer (See Instructions	<u> </u> s)		
	HOSPITAL A	ADMINISTRATION		MD ANDERSON			
	Date 09/20/2024	Full name of contributor MUNOZ, LINDSAY Contributor address; City; S HOUSTON, TX 77018)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CONSULTIN	pation / Job title (See Instructions IG	5)	Employer (See Instructions WHITMIRE & MUNOZ I		>	
	Date 09/12/2024	Full name of contributor NAU III, JOHN Contributor address; City; S HOUSTON, TX 77019	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$10,000.00
	Principal occu RETIRED	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/38		
2	FILER NAME Texans for J	oan Huffman		3	Filer ID (Ethics Commission Filers) 00065047		
4	Date 08/27/2024	 Full name of contributor	:)	7	Amount of Contribution (\$) \$2,500.66		
8	Principal occu	WASHINGTON, DC 20004 pation / Job title (See Instructions)	9 Employer (See Instructions				
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: REPUBLICAN PARTY OF WHARTON COUNT Contributor address; City; State; Zip Code	:) TY		Amount of Contribution (\$) \$3,000.00		
	Principal occu	WHARTON, TX 77488 pation / Job title (See Instructions)	Employer (See Instructions	3)			
	- Timolpai coca		Employer (eee meadedies)	·)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: SAMEH, MOHAMED Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$) \$2,000.00		
	Principal occu MANAGING	HOUSTON, TX 77056 pation / Job title (See Instructions) DIRECTOR	Employer (See Instructions SESCO CEMENT	<u> </u> s)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: SCHATTE, ANDREW Contributor address; City; State; Zip Code HOUSTON, TX 77005		•	Amount of Contribution (\$) \$10,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions AMERICUS HOLDINGS		P		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: SCHWARTZ, PAGE & HARDING LLP Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> S)			
			•				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/38	
2	FILER NAME Texans for J	oan Huffman		1	Filer ID (Ethics Commission Filers) 00065047	
4	Date 09/17/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$5,000.00	
_	5	HOUSTON, TX 77005	2 5 1 (2 1 1 1	<u> </u>		
8	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Date 09/03/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00	
	Principal occu	HOUSTON, TX 77019 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PRESIDENT STEDMAN WEST INTE		RE	STS, INC		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ STILES, ADAM Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00	
	Principal occu	HOUSTON, TX 77024 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PRESIDENT		RECANA STAFFING SO	•	JTIONS	
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_SULLIVAN, VAN Contributor address; City; State; Zip Code HUNTSVILLE, AL 35806			Amount of Contribution (\$) \$1,000.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions TRIDEUM CORP	s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AGRICULTURAL CO-OP COUNCIL PAI Contributor address; City; State; Zip Code ROUND ROCK, TX 78664) C		Amount of Contribution (\$) \$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/38		
2	FILER NAME Texans for J	oan Huffman		3	Filer ID (Ethics Commission Filers) 00065047		
4	Date 09/24/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$5,000.00		
_	Deignigal	AUSTIN, TX 78701	O Franksian (Cookingtismo				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/24/2024	Full name of contributor		Amount of Contribution (\$) \$5,500.00			
	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	·/			
	Fillicipal occu	oalion7 300 title (See mstructions)	Employer (See instructions	·)			
	Date 09/24/2024	Full name of contributor		Amount of Contribution (\$) \$10,000.00			
	Principal occu	AUSTIN, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	;) 			
	· ····o.pa. ooca		p.oye. (eeeeacasae.e	,			
	Date 09/24/2024				Amount of Contribution (\$) \$3,500.00		
	Principal occu	DALLAS, TX 75254 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ TOM RAMSEY CAMPAIGN Contributor address; City; State; Zip Code HOUSTON, TX 77255)		Amount of Contribution (\$) \$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
		-					

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/38		
2	FILER NAME Texans for J	oan Huffman		3	Filer ID (Ethics Commission Filers) 00065047		
4	Date 09/24/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00		
_	Deinsinal assu	ROUND ROCK, TX 78681	O Francisco (Con Instructions	<u></u>			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Texas Radiological Society PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,000.00			
		San Antonio, TX 78257		L			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: UNIVERSITY OF HOUSTON PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00			
		HOUSTON, TX 77227					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/24/2024			•	Amount of Contribution (\$) \$10,000.00		
	Principal occu EXECUTIVE	pation / Job title (See Instructions)	Employer (See Instructions WEEKLEY PROPERTIE				
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: WILSON Jr., WELCOME Contributor address; City; State; Zip Code HOUSTON, TX 77057	•	Amount of Contribution (\$) \$1,000.00			
	•	pation / Job title (See Instructions)	Employer (See Instructions WELCOME GROUP LL				
	NEAL ESTA	TE EXECUTIVE	WELCOWE GROUP LL				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/38
2	FILER NAME Texans for J	Joan Huffman		3 Filer ID (Ethics Commission Filers) 00065047
4	Date 09/24/2024	5 Full name of contributor out-of-state PAC (ID#:_ WIMBISH, STACEY 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,000.00
8	Principal occi	HOUSTON, TX 77056 upation / Job title (See Instructions)	9 Employer (See Instructions	2)
	PRESIDEN ⁻		GILLMAN AUTOMOTIV	
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ WONG, DANIEL Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2,500.00
		MISSOURI CITY, TX 77459		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions TOLUNAY-WONG ENG	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/38 3 Filer ID (Ethics Commission Filers) FILER NAME Texans for Joan Huffman 00065047 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 09/24/2024 HASSENFLU, ALAN \$4,700.00 | FUND-RAISER EVENT 7 Contributor address; City; State; Zip Code FEES AND EXPENSES BELLAIRE, TX 77401 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) CEO 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/24/2024 LOCKE LORD, LLP \$5,264.04 I FUNDRAISER EVENT Contributor address; City; State; Zip Code FEES AND EXPENSES HOUSTON, TX 77002 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 1/20 Rpt: 18/38	Texans for Joan Huffman	00065047									
4	Date	5 Payee name	Pavee name									
	09/16/2024	AMAZON										
6	Amount (\$)	Payee address; City; State; Zip Code										
·	\$128.82	410 TERRY AVENUE NORTH SEATTLE, WA 98109										
_		· · · · · · · · · · · · · · · · · · ·										
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICE SUPPLIES										
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	08/26/2024	AMERICAN AIRLINES										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,228.95	28.95 4333 AMON CARTER BLVD										
		FT WORTH, TX 76155										
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense R POLITICAL MEETING									
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	07/03/2024	ANEDOT										
	Amount (\$) \$100.30	Payee address; City; State; Zip Code 5555 HILTON AVE. SUITE 106 BATON ROUGE, LA 70808										
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense RDS FEES FOR CAMPAIGN ION									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Fees

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/	e /Contract Labor		Travel in Distric Travel Out of D OTHER (enter		
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission File	rs)
L	Sch: 2/20 Rpt: 19/38	T	exans for J	oan Huffman						00065047		
4	Date	5 P	ayee name									
L	08/08/2024	A	NEDOT									
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	de					
	\$40.30	5!	555 HILTO	N AVE.								
		s	UITE 106									
L		В	ATON RO	JGE, LA 70808								
8	PURPOSE	(a) C	ategory (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	ees					Check if travel of Check if Austin,			mplete Schedule T.	
								—			R CAMPAIGN	
								CONTRIBUTI				
9	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Offic	eholder name	0	ffice sou	ght			Office h	neld	
	Date	l	ayee name									
	08/13/2024	<u> </u>	NEDOT									
	Amount (\$)	l	ayee addres		State;	Zip Co	de					
	\$40.30		555 HILTO	N AVE.								
		l -	UITE 106	105 1 4 30000								
				JGE, LA 70808		1						
	PURPOSE OF	l		e Categories listed at the	top of this sche	edule)	(b)	Description Check if travel of	nuteir	de of Teves Co	mplete Schedule T.	
	EXPENDITURE	-	ees							officeholder livir		
											R CAMPAIGN	
L								CONTRIBUT	ION	N 		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Offic	eholder name	0	ffice sou	ght			Office h	neld	
	Date	Pi	ayee name									
	08/16/2024	A	NEDOT									
	Amount (\$)	Pi	ayee addres	s; City;	State;	Zip Co	de					
	\$100.30	5	555 HILTO	N AVE.								
		s	UITE 106									
		В	ATON RO	JGE, LA 70808								
	PURPOSE	(a) C	ategory (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	ees					_			mplete Schedule T.	
								CREDIT CAR			ng expense R CAMPAIGN	
								CONTRIBUTI			5, , 11014	
	Complete ONLY if direct	L Cai	ndidate/Offic	eholder name	0	ffice soug	ght			Office h	neld	
	expenditure to benefit C/Oh				J		. ··			2001		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 4/20 Rpt: 21/38	L	Texans for	Joan Huffman						00065047		
4	Date	5	Payee name									
L	09/11/2024		ANEDOT									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$40.30		5555 HILTO	ON AVE.								
			SUITE 106									
			BATON RO	UGE, LA 70808								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=			plete Schedule T.	
								CREDIT CAR		officeholder living		
								CONTRIBUT				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	_
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	09/17/2024		ANEDOT									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$640.90		5555 HILTO	ON AVE.								
			SUITE 106									
			BATON RO	UGE, LA 70808								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			plete Schedule T.	
								CREDIT CAR		officeholder living		
								CONTRIBUT			C. avii / a O I V	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	_
	•	<u> </u>										_
	Date		Payee name									
	09/23/2024		ANEDOT									
	Amount (\$)	ı	Payee addre		State;	Zip Co	de					
	\$40.30	l	5555 HILTO	ON AVE.								
			SUITE 106									
			BATON RO	UGE, LA 70808								
	PURPOSE OF	(a)	•	ee Categories listed at the	top of this sche	edule)	(b)	Description		do of T	mlete Cehedul- T	
	EXPENDITURE		Fees					ш		de of Texas. Com officeholder living	plete Schedule T. g expense	
								CREDIT CAR				
								CONTRIBUT	IOI	N		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	_
	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 5/20 Rpt: 22/38	1	Joan Huffman					00065047			
4	Date	5 Payee name	!								
	09/24/2024	ANEDOT									
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode						
	\$40.30	5555 HILT	ON AVE.								
		SUITE 106									
		BATON RO	DUGE, LA 70808								
8	PURPOSE	(a) Category (S	See Categories listed at the top o	f this schedule)	(b)	Description					
	OF EXPENDITURE	Fees				=		de of Texas. Com			
						CREDIT CAR		officeholder living			
						CONTRIBUT			CONTINUE A TRANSPORT		
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	<u>l</u> ıght			Office he	eld		
	Date	Payee name									
	09/19/2024	ANEDOT									
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					_	
	\$200.30	5555 HILT	ON AVE.								
		SUITE 106	SUITE 106								
		BATON RO	DUGE, LA 70808								
	PURPOSE OF	(a) Category (S	See Categories listed at the top o	f this schedule)	(b)	Description					
	EXPENDITURE	Fees				=		de of Texas. Comp			
						CREDIT CAR		officeholder living			
						CONTRIBUT			CO/ WII / WOIV		
	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office sou	ıght			Office he	eld		
	Date	Payee name									
	07/31/2024	ARCENEA	UX, AUSTIN								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode						
	\$750.00	12810 SHE	ERBOURNE ST								
		AUSTIN, T	X 78729								
	PURPOSE OF		See Categories listed at the top o		(b)	Description					
	EXPENDITURE	Office Over	rhead/Rental Expense	9				de of Texas. Comp officeholder living			
						CAMPAIGN (
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	L Jaht			Office he	eld	_	
	expenditure to benefit C/O			200 300	g			200 110			
										_	
l											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/20 Rpt: 23/38		Joan Huffman					00065047		·
4	Date	5 Payee name								
	08/31/2024	ARCENEA	UX, AUSTIN							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$750.00	12810 SHE	RBOURNE ST							
		AUSTIN, T	X 78729							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Com		
						CAMPAIGN (officeholder living		
						CAMPAIGN		NIKACILA	ABOR	
L					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	07/25/2024	AT&T MOE	ILITY							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	nde					
	\$154.01	PO BOX 53	•							
	Ψ104.01	10000	77 10-4							
		ATLANTA,	TX 30353-7104							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Com		
								officeholder living		
						CAMPAIGN 7		ECOMINON	IICATIONS	
	0 1: 0 1: 0	0 111 107		0"	<u> </u>			055		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıgnt			Office he	ela	
	<u> </u>									
	Date	Payee name								
	08/26/2024	AT&T MOE	ILITY							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$162.10	PO BOX 53	37104							
		ATLANTA,	TX 30353-7104							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Com		
	LXI LINDITORL							officeholder living		
						CAMPAIGN ⁻	ı⊨l	_ECOMMUN	IICATIONS	
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	experience to beliefft C/Of	•								
					_		_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt: 24/38	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	09/26/2024	AT&T MOBILITY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$199.54	PO BOX 537104
		ATLANTA, TX 30353-7104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN TELECOMMUNICATIONS
		CAINI AIGN TELECONINONICATIONS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	08/16/2024	BRAZOPORT FACT
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	720 S MAIN ST
		CLUTE, TX 77531
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SUBSCRIPTION
		SOBSCRIPTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/17/2024	BRAZOSPORT FACTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.99	720 S MAIN ST
		CLUTE, TX 77531
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SUBSCRIPTION
		SOBSCIAL HOW
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/20 Rpt: 25/38	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	09/16/2024	BRAZOSPORT FACTS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.50	720 S MAIN ST
		CLUTE, TX 77531
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		SUBSCRIPTION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	09/12/2024	CARRYING HOPE
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.50	9600 ESCARPMENT BLVD
	\$102.00	STE 745-239
		AUSTIN, TX 78749
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fivent Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		EVENT REGISTRATION FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	d d
	Date	Payee name
	07/28/2024	CONSTANT CONTACT
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.44	RESERVOIR PLACE
		1601 TRAPELO ROAD
		WALTHAM, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN EMAIL SERVICE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	— experientare to benefit oron	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)			
_	Total pages Cabadala Es	_	EILED NIANCE		- Inde explains				<u> </u>	Filor ID	(Ethios Commission Ellers)		
	Total pages Schedule F1:								3		(Ethics Commission Filers)		
L	Sch: 9/20 Rpt: 26/38	<u></u>	rexams for .	Joan Huffman						00065047			
4	Date	5	Payee name										
L	08/28/2024	L	CONSTANT	CONTACT									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de						
	\$55.44		RESERVOI	R PLACE									
			1601 TRAP	ELO ROAD									
			WALTHAM,	MA 02451									
8	PURPOSE	(a)		ee Categories listed a	it the ten of this see	andulo)	(b)	Description	—				
	OF	``'	Advertising		at tile top til tills SCI	neuule)	. ,		outsi	de of Texas. Cor	mplete Schedule T.		
	EXPENDITURE			· · · · · · ·				—		, officeholder livin			
						l		CAMPAIGN E	EM.	AIL SERVI	CE		
L		L											
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld		
L	expenditure to benefit C/OF	п —					_		_				
	Date	Ī	Payee name										
	08/29/2024		COSTCO										
	Amount (\$)	Г	Payee addres	ss; City;	State	e; Zip Co	de						
	\$133.10		10401 Rese	esearch Blvd									
	_	<u> </u>	AUSTIN, T										
	PURPOSE OF	(a)		ee Categories listed		hedule)	(b)	Description		do ct =	mulata Calaada T		
	EXPENDITURE		Office Over	head/Rental E	xpense			=	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense				
								OFFICE SUP			о - р - 		
								<u> </u>	_				
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	 ght		_	Office h	neld		
	expenditure to benefit C/OF					,							
	Date	Π	Payee name				_		_				
	09/24/2024		,	REE BY HILTO	N								
	Amount (\$)	\vdash	Payee addres			e; Zip Co	de						
	` ,		•	ss;		., ∠ıµ C00	ue						
	\$264.15		JJJJ WESI	HEINIEK KO	ער								
			HOUGES	TV 77050									
		Ļ	HOUSTON,										
	PURPOSE OF	(a)		ee Categories listed	at the top of this sch	hedule)	(b)	Description	Oi 14	de of Tours - 0	mnlete Schodulo T		
	EXPENDITURE		Travel Out of	of District						ide of Texas. Cor , officeholder livin	mplete Schedule T.		
								—			OLDER'S STAFF FOR		
								EVENT					
	Complete ONLY if direct	Ц	Candidate/∩ffi	ceholder name	(Office sou	ght		—	Office h	neld		
	expenditure to benefit C/OF				`		٠.٠٠			2.11001			
	· · · · · · · · · · · · · · · · · · ·												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	-		OTTIER (enter a	category flot listed above)
1	Total pages Schedule F1:		_		Filer ID	(Ethics Commission Filers)
	Sch: 10/20 Rpt: 27/38	Texans for Joan Huffman			00065047	,
4	Date	5 Payee name		•		
	09/24/2024	DOUBLETREE BY HILTON				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$229.51	5353 WESTHEIMER ROAD				
		HOUSTON, TX 77056				
8	PURPOSE OF	1 ' ' 1	b)	Description		
	EXPENDITURE	Travel Out of District		—	tside of Texas. Com X, officeholder living	
				—		DLDER'S STAFF FOR
				EVENT		,
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI					
_	Date	Payee name				
	09/24/2024	DOUBLETREE BY HILTON				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$32.00	5353 WESTHEIMER ROAD				
		HOUSTON, TX 77056				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b)	Description		
	EXPENDITURE	Travel Out of District		—	tside of Texas. Com X, officeholder living	
				—		LDER FOR EVENT
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O					
_	Date	Payoo nama				
	09/09/2024	Payee name DOWNRIGHT AUSTIN				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$1,097.89	701 EAST 11TH ST				
		AUSTIN, TX 78701				
	PURPOSE OF	, , ,	b)	Description		
	EXPENDITURE	Travel Out of District			tside of Texas. Com X, officeholder living	
				ш	-	LDER'S MEETING
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald.
	expenditure to benefit C/O	9			0111001110	, i

SCHEDULE F1

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officeholder/Bolitics

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	: 2 FILER NAME 3 F	iler ID (Ethics Commission Filers)		
•	Sch: 12/20 Rpt: 29/38		0065047		
4	Date	5 Payee name			
	09/03/2024	GODADDY.COM			
6	Amount (\$) \$89.42	7 Payee address; City; State; Zip Code 14455 NORTH HAYDEN ROAD			
		SCOTTSDALE, AZ 85260			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	/ Advertising Expense	of Texas. Complete Schedule T.		
	-		ficeholder living expense		
		CAMPAIGN ADVE	ERIISING		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held		
	Date	Payee name			
	09/11/2024	GODADDY.COM			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$47.99	14455 NORTH HAYDEN ROAD			
		SCOTTSDALE, AZ 85260			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	/ Advertising Expense	of Texas. Complete Schedule T.		
			ficeholder living expense		
		CAMPAIGN ADVE	ERTISING		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held		
	Date	Payee name			
	08/09/2024	GREATER HOUSTON COUNCIL OF FEDERATED REPUBLICAN W	/OMAN		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	7941 KATY FREEWAY			
	, ,	STE 272			
		HOUSTON, TX 77024			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Wade By	of Texas. Complete Schedule T.		
	LXI LINDITORL		ficeholder living expense		
		POLITICAL DONA	ATION		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	OH .			

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 30/38	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	09/11/2024	HILTON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$346.52	9515 HOTEL DRIVE
		AUSTIN, TX 78719
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		LODGING FOR OFFICEHOLDER'S MEETING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/31/2024	KNESEK, JENNIFER
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	15211 PARK ROW
		APT 427
		HOUSTON, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense CAMPAIGN CONTRACT LABOR
		CAMPAIGN CONTRACT LABOR
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/31/2024	KNESEK, JENNIFER
_		,
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 15211 PARK ROW
	Ψ230.00	
		APT 427
		HOUSTON, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		CAMPAIGN CONTRACT LABOR
		CANNI ANGIN GOINTICIC EAGOR
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		I Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)	
L	Sch: 15/20 Rpt: 32/38	Texans for	Joan Huffman					00065047		
4	Date	5 Payee name								
L	09/03/2024	PUBLIC ST	ORAGE							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
	\$148.00	2603 JOEL	WHEATON RD							
		STE 400								
		HOUSTON	, TX 77802							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Comp		
						—		OFFICEHO	expense LDER'S HOUSTON	
						OFFICE	•	011102110		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/O				J					
	Date	Payee name								
	07/03/2024	PUBLIC ST								
	Amount (\$)	Payee addre	•	State; Zip Co	de					
	\$188.00	2121 S I-35)							
		AUSTIN, T	X 78741							
	PURPOSE OF		ee Categories listed at the top of t	his schedule)	(b)	Description		de effect o	dete Och edule T	
	EXPENDITURE	Fees				-		de of Texas. Comp officeholder living		
						_			LDER'S AUSTIN	
						OFFICE				
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	ld	
L	expenditure to benefit C/OI									
	Date	Payee name								
	08/02/2024	PUBLIC ST	ORAGE							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$188.00	2121 S I-35	5							
		AUSTIN, T	X 78741							
	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE	Fees				ш		de of Texas. Comp		
								officeholder living	EXPENSE LDER'S AUSTIN	
						OFFICE	(3		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/O				-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)				
		_		The Instruction Guide explains how to complete this form.								_
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
	Sch: 16/20 Rpt: 33/38		Texans for 3	Joan Huffman						00065047		
4	Date	5	Payee name									
	09/03/2024		PUBLIC ST	ORAGE								
6	Amount (¢)	7	Dayon addror	City:	State; Z	in Cod	<u> </u>					_
١	Amount (\$)	ľ	Payee addres	ss; City;	State, Z	ip Cou	le					
	\$224.00		2121 S I-35									
			AUSTIN, TX	78741								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne ton of this schedule	ه) ((b)	Description				_
	OF	<u> </u> `	Fees	e categories listed at ti	ic top of this schedule	(•	_ `	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		. 555					Check if Austin,	, TX,	officeholder living	g expense	
								STORAGE F	OR	OFFICEHO	OLDER'S AUSTIN	
								OFFICE				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	_
	expenditure to benefit C/O					5						
-	5.	_										=
	Date		Payee name									
	09/04/2024		RANGE RO	VER - AUSTIN								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					
	\$2,248.34		1515 WEST	5TH ST								
			AUSTIN, TX	78703								
_	DUDDOCE	(0)				1,	'h\	5				_
	PURPOSE OF	(a)		e Categories listed at th		e) (D)	Description	tai	do of Toyon Com	onlete Cebedule T	
	EXPENDITURE			on Equipment A	and Related			-		officeholder living	nplete Schedule T.	
			Expense					REPAIRS TO				
									, 0,		. 2. 11022	
_	Complete ONII V if direct	<u> </u>	Condidate/Offic	achalder name	Offic		hŧ			Office b	ald	_
	Complete ONLY if direct expenditure to benefit C/O		Januluale/Onic	ceholder name	Onic	e soug	ш			Office h	eiu	
												_
	Date		Payee name									
	08/02/2024		REEVES, J	ANE								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					_
	\$875.00		2121 BRITT	MOORE RD								
	70.0.0		STE 8700									
			HOUSTON,	TX 77043								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Consulting E	Expense				ш			nplete Schedule T.	
	LXI LINDITORL							_		officeholder living		
								CAMPAIGN F	2R(OFESSION.	AL SERVICES	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/O	H										
I												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 34/38	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	09/10/2024	SOUTHWEST AIRLINES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,149.92	2702 LOVE FIELD DR
		DALLAS, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TRAVEL FOR POLITICAL MEETING
		THAT DE THE MEETING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/05/2024	THE TEXAS SENATE
	Amount (\$)	Payee address; City; State; Zip Code
	\$445.00	400 CAPITOL DR
	Ψ110.00	100 0/4 1102 510
		AUSTIN, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GIFTS/PRIZES FOR CAMPAIGN/POLITICAL
		EVENTS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/15/2024	TRANSPORTATION ADVOCACY GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	2339 COMMERCE ST
	,	
		HOUSTON, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense EVENT REGISTRATION FEE
		EVENT REGISTRATION FLE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 35/38	Texans for Joan Huffman 00065047
4	Date	5 Payee name
	07/12/2024	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.58	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TRAVEL
		TRAVEL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Payee name
	07/19/2024	UBER
	Amount (\$)	
	\$38.96	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		TRAVEL
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	08/29/2024	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.13	1455 MARKET ST
		STE 400
		SAN FRANCISCO, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		TRAVEL
_	Complete ONII V if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditate/Office/bolder/Political

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Cor	nmittee Legal Ser	ds/Memorials Expense vices truction Guide ex	Salaries/V	Wages	s/Contract Labor		Travel Out of Dist OTHER (enter a d	strict category not listed above)
	Total pages Schedule F1: Sch: 20/20 Rpt: 37/38		Texans for Joan H	uffman			;		Filer ID 00065047	(Ethics Commission Filers)
4	Date 09/24/2024		Payee name UBER					_		
6	\$114.95		Payee address; 1455 MARKET ST STE 400 SAN FRANCISCO		State; Zip Co	ode		_		
8	PURPOSE OF EXPENDITURE		Category (See Categor Travel Out of Distr		f this schedule)	(b)			de of Texas. Comp officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholde	r name	Office sou	ught		_	Office he	eld
	Date 09/25/2024	ı	Payee name UBER					_		
	Amount (\$) \$21.44		Payee address; 1455 MARKET ST STE 400 SAN FRANCISCO		State; Zip Co	ode		_		
	PURPOSE OF EXPENDITURE		Category (See Categor Travel Out of Distri		f this schedule)	(b)	—		de of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholde	r name	Office sou	ught			Office he	eld

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 38/38 2 FILER NAME Filer ID (Ethics Commission Filers) Texans for Joan Huffman 00065047 8 Amount (\$) Date 5 Name of person from whom amount is received 07/31/2024 FIDELITY INVESTMENTS \$4,395.41 6 Address of person from whom amount is received; City; State; Zip Code BOSTON, MA 02205 Purpose for which amount is received Check if political contribution returned to filer **INTEREST** Amount (\$) Date Name of person from whom amount is received 08/31/2024 FIDELITY INVESTMENTS \$4,400.37 Address of person from whom amount is received; City; State; Zip Code BOSTON, MA 02205 Purpose for which amount is received Check if political contribution returned to filer **INTEREST**