CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form. 1 Filer ID (Ethics Cor 000856	nmission Filers)	2 Total pages filed: 32
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Elle	n		Date Received
				ELECTRONICALLY FILED
	NICKNAME	.	CUETIV	10/07/2024
	NICKNAME LAS	ı kclair	SUFFIX	10/01/2024
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	ΓΕ#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	701 HWY 281, Suite H #196			
ADDRESS				Receipt # Amount
Change of Address	Marble Falls, TX 78654			
	· ·			Date Processed
				Date Imaged
				Date illiageu
5 CAMPAIGN	MS / MRS / MR FIRS		MI	
TREASURER	Mr. Gab		1411	
NAME	Wii. Gab	iici		
		-		
	NICKNAME LAST		SUFFIX	
	Wan	luer		
			,	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	2452 Lakehurst Road			
(Residence or Business)				
	Spicewood, TX 78669			
7 CAMPAIGN	AREA CODE PHONE NU	MDED EVIENCION		
7 CAMPAIGN TREASURER		MBER EXTENSION		
PHONE	(512) 522-4896			
8 REPORT				
TYPE	January 15 X 30	th day before election	Runoff	15th day after campaign treasurer
		Li day before election		appointment (officeholder only)
	July 15 8th	n day before election	Exceeded modified	Final Report (Attach C/OH-FR)
	_		reporting limit	-
9 PERIOD	Month Day Year		Month Day	Year
COVERED	07/01/2024	THROUGH	09/26/2024	1
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	X General	Special	
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative District 19)	State Representa	
	The state of the s		2.5.00 . 15010001110	
		GO TO PAGE	2	
1				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Troxclair, Ellen (The	Honorable)	14 Filer ID 00085663	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wit officeholders are required to report this inform	thout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 12,005.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 11,619.46
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	THE LAST DAY OF THE	\$ 106,711.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	IS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	nenalty of perjury, that the ac des all information required t ode.	companying report is to be reported by me
		The	Honorable Ellen Troxcla	ir
		Signati	ure of Candidate or Officeho	Ider
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to co	rtify which, witness my hand and seal of office	e.	
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 32 3 FILER NAME Troxclair, Ellen (The Honorable) 19 Filer ID (Ethics Commission Filers) 00085663

					3 of 32
18 FILE	ER NAN	(Ethics	s Commission Filers)		
Tro	xclair,				
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,005.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	11,619.46
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTR		SCHEDUI	DULE A1		
	The Instru	ction Guide explains how to comp	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/32			
2	FILER NAME Troxclair, Ell	en (The Honorable)			3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 08/19/2024	5 Full name of contributor out-of-state PAC (ID#:) Austin Republican Women PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Bee Cave, TX 78738 pation / Job title (See Instructions)	1	Employer (See Instructions			
0	Principal occu			9 Employer (See Instructions)		
	Date 08/30/2024	Full name of contributor				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Burnet, TX 78611 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:) Freitas, Rebecca Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Burnet, TX 78611 pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 08/29/2024	Freitas, Rebecca	ate PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:) Kilgore, Caren Contributor address; City; State; Zip Code Lakeway, TX 78734)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL (SCHEDUI	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/32	
2	FILER NAME Troxclair, Ell	en (The Honorable)				3	Filer ID (Ethics Commission 00085663	on Filers)
4	Date 09/06/2024	5 Full name of contributor out-of-state PAC (ID#:) Kilgore, Thomas 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$)	\$2,500.00
		Lakeway, TX 78734						
8	Principal occu Retired	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Retired	5)		
	Date 09/23/2024	Full name of contributor Kirkpatrick, Shawn Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu	Lakeway, TX 78734 pation / Job title (See Instructions	s)		Employer (See Instructions	 ;)		
	Realtor		,		Self	,		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$630.00
		Lakeway, TX 78734						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 09/16/2024)		Amount of Contribution (\$)	\$25.00
	Principal occu Company Dr	pation / Job title (See Instructionsriver	5)		Employer (See Instructions Pam Transport	5)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDU	LE A1
	The Instru	ction Guide explains ho	1		jes Schedule A1: Rpt: 6/32			
2	FILER NAME Troxclair, Ell	len (The Honorable)			3		(Ethics Commissi	on Filers)
4					7	Amount o	of Contribution (\$)	\$2,500.00
		Austin, TX 78738						
8	Principal occu	ipation / Job title (See Instruction	s)	9 Employer (See Instructions	s)			
	Date 09/23/2024	Full name of contributor Yant, Billy Contributor address; City; \$	out-of-state PAC (ID#:_		•	Amount o	of Contribution (\$)	\$100.00
	Principal occu	Boerne, TX 78006 Ipation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)			

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

Credit Card Layment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/26 Rpt: 7/32	Troxclair, Ellen (The Honorable)	00085663
4 Date	5 Payee name	<u>'</u>
09/11/2024	28 Songs Brewhouse	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$27.27	110 Market Ave	
	Boerne, TX 78006	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	. coa, zoronago z.,ponico	Check if Austin, TX, officeholder living expense
		Meal during campaign travel
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
08/27/2024	4Imprint.com	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$561.82	101 Commerce St	
	Oshkosh, WI 54901	
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	, taverage Expenses	Check if Austin, TX, officeholder living expense
		Printing for campaign mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientare to benefit 6/0	<u> </u>	
Date	Payee name	
08/27/2024	7-Eleven	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$38.19	3625 Bee Cave Rd	
	Austin, TX 78746	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientitie to beliefft C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/26 Rpt: 8/32	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	09/10/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.26	3625 Bee Cave Rd	
		Austin, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if tra	avel outside of Texas. Complete Schedule T.
		l	ıstin, TX, officeholder living expense g campaign travel
		i dei danni	j campaign traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cinico Nela
_	Date	Payee name	
	09/11/2024	AM Coffee	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.00	4300 Speedway	
	Ψ3.00	4300 Speedway	
		Austin TV 707F1	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	evel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/beverage Expense	ustin, TX, officeholder living expense
		Refreshen	nents during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	09/25/2024	Aeromexico	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$217.49	3663 N Sam Houston Pkwy	
		Houston, TX 77032	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	_ '	vel outside of Texas. Complete Schedule T.
	EXPENDITORE	l	istin, TX, officeholder living expense
		Airfare dur	ing political trip
	Operation ONLY if direct	Out distance (Office Includes a second	Office leads
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/26 Rpt: 9/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/25/2024	Aeromexico
6	Amount (\$) \$23.70	7 Payee address; City; State; Zip Code 3663 N Sam Houston Pkwy
		Houston, TX 77032
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel fees during political trip
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2024	Amazon.com
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	Amazon.com
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/26 Rpt: 10/32	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	_
	09/11/2024	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$16.23	410 Terry Ave	
l			
l		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
l		Supplies for political office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	Complete ONLY if direct expenditure to benefit C/OI		
⊨	<u> </u>		=
l	Date	Payee name	
L	07/02/2024	American Legislative Exchange Council	_
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$675.00	2900 Crystal Dr	
l			
L		Arlington, VA 22202	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Event registration	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
l	09/06/2024	Anedot	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.30	PO Box 84314	
l			
l		Baton Rouge, LA 70884	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fees for online contribution	
\vdash	Complete ONII V if direct	Candidate/Officeholder name Office county	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	•		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide e	xplains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 F	ILER NAME			3 F	iler ID	(Ethics Commission Filers)
	Sch: 5/26 Rpt: 11/32	ד	roxclair, Ellen (The Honorable)			С	00085663	
4	Date	5 F	Payee name			•		
	09/16/2024	E	Boerne Chamber of Commerce					
6	Amount (\$)	7 F	Payee address; City;	State; Zip Co	ode			
	\$45.00	1	.21 S Main St					
		E	Boerne, TX 78006					
8	PURPOSE	(a) (Category (See Categories listed at the top of	of this schedule)	(b)	Description		
	OF EXPENDITURE	E	Event Expense			Check if travel outside Check if Austin, TX, of		
						Event registration	incendider living	expense
						g.ee		
9	Complete ONLY if direct	l Ca	andidate/Officeholder name	Office sou	l ight		Office he	eld
	expenditure to benefit C/O	Н			5			
_	Date		Payee name					
	09/16/2024	ı	Boerne Chamber of Commerce					
	Amount (\$)	F	Payee address; City;	State; Zip Co	ode			
	\$235.00		.21 S Main St	, ,				
			Boerne, TX 78006					
	PURPOSE	 	Category (See Categories listed at the top of	of this schodulo)	(b)	Description		
	OF		ees	or this scriedule)	<u> </u> `´	Check if travel outside	of Texas. Comp	olete Schedule T.
	EXPENDITURE					Check if Austin, TX, of		
						Chamber of Comr	nerce Due:	S
	Complete ONL V if direct		andidate/Officeholder name	Office sou	l abt		Office he	ıld
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	Office Soc	igni		Office fie	eiu.
	Data							
	Date 08/19/2024	ı	Payee name Burnet County Republican Club					
			<u> </u>	Otata: 71: 0	-1-			
	Amount (\$) \$500.00		Payee address; City; PO Box 792	State; Zip Co	oae			
	φουυ.υυ	「	O BOX 192					
		Ι,	Aorbio Folio TV 70654					
		-	Marble Falls, TX 78654					
	PURPOSE OF		Category (See Categories listed at the top of		(b)	Description Check if travel outside	of Texas Comr	olete Schedule T
	EXPENDITURE		Contributions/Donations Made E Candidate/Officeholder/Political			Check if Austin, TX, of		
						Event Sponsorshi	р	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ight		Office he	eld
	expenditure to benefit C/O	H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Τ
	Sch: 6/26 Rpt: 12/32	Troxclair, Ellen (The Honorable) 00085663	
4	Date	5 Payee name	
	07/01/2024	Campaign Monitor	
6	Amount (\$) \$94.87	7 Payee address; City; State; Zip Code11 Lea Ave	
		Nashville, TN 37210	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign email software	
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/31/2024	Campaign Monitor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.87	11 Lea Ave	
		Nashville, TN 37210	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign email software	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/03/2024	Campaign Monitor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.87	11 Lea Ave	
		Nashville, TN 37210	
	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 email software	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	•		4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/26 Rpt: 13/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/14/2024	Chadwick, Caroline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	PO Box 712
		Center, TX 75935
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 Ethics Reporting
		Eurios reporting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	07/19/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.08	5801 IH 35
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		Fuel duling Campaign travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	08/22/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.41	5801 IH 35
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		ruei dulliig Campaigh liavei
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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: 8/26 Rpt: 14/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/20/2024	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.44	5801 IH 35
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel during campaign travel
		r dor during dampaign traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davisa nama
		Payee name
	07/30/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	31700 I-10
		Boerne, TX 78006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel during campaign travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/29/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.65	1901 Kelly Ln
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/26 Rpt: 15/32	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	•
	07/26/2024	Fedex Denver	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.75	1437 15th	
		Day or 00 00000	
Ļ		Denver, CO 80202	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	l avel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Onice overnedan tental Expense	sustin, TX, officeholder living expense
		Postage	
Ļ	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
_	Data	I B	
	Date 07/29/2024	Payee name Food Box 7	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.80	208 E Wells Branch	

		Pflugerville, TX 78660	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Food/Beverage Expense	avel outside of Texas. Complete Schedule T.
		,	ustin, TX, officeholder living expense Staff during campaign travel
		l mea man	otan damig dampaign havor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	07/31/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	sustin, TX, officeholder living expense
		Online ba	nking fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Oriana.o to borioni oron		

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/26 Rpt: 16/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/31/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	401 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online banking fees
		Crimic bunking lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	07/01/2024	Google, Inc.
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$12.75	1600 Amphitheatre Parkway
	Φ12.75	1000 Amphilileane Faikway
L		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign service fee
		Campaign service rec
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davisa nama
	07/29/2024	Payee name Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 service fee
		Campaign service lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 11/26 Rpt: 17/32	Troxclair, Ellen (The Honorable)	00085663				
4	Date	5 Payee name	<u> </u>				
	08/01/2024	Google, Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$3.95	1600 Amphitheatre Parkway					
		Mountain View, CA 94043					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.				
	LXI LINDITORE		Check if Austin, TX, officeholder living expense				
			Campaign service fee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
9	expenditure to benefit C/OI		Office field				
_	Data						
	Date	Payee name					
	08/01/2024	Google, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$30.70	1600 Amphitheatre Parkway					
		Mountain View, CA 94043					
	PURPOSE OF	'	Description				
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Campaign service fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	4					
	Date	Payee name					
	09/03/2024	Google, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.82	1600 Amphitheatre Parkway					
		Mountain View, CA 94043					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE		Check if Austin, TX, officeholder living expense				
			Campaign service fee				
	Operated Children	Conditions (Office leads)	000				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

SCHEDULE F1

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

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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 12/26 Rpt: 18/32	Troxclair, Ellen (The Honorable)	00085663				
4	Date	5 Payee name	-				
	09/03/2024	Google, Inc.					
6	Amount (\$) \$30.70	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway					
L		Mountain View, CA 94043					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign service fee				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/19/2024	HEB Gas					
	Amount (\$) \$80.11	Payee address; City; State; Zip Code 2512 E Riverside Dr					
		Austin, TX 78741					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during campaign travel				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
Г	Date	Payee name					
	08/19/2024	Hat Creek Burger					
	Amount (\$) \$17.28	Payee address; City; State; Zip Code 5902 Bee Caves Rd					
		Austin, TX 78746					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal during campaign travel				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/26 Rpt: 19/32	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	08/07/2024	Hill Country Springs	
6	Amount (\$) \$21.66	7 Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd Austin, TX 78747	
8	PURPOSE		scription
	OF EXPENDITURE	I — I —	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ater for political office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/03/2024	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.81	10019 S I-35 Frontage Rd	
		Austin, TX 78747	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
		Wá	Check if Austin, TX, officeholder living expense ater for political office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/29/2024	Hyatt Regency Denver	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$564.86	650 15th St	
		Denver, CO 80202	
	PURPOSE	, , , , , , , , , , , , , , , , , , , ,	scription
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		U	otel during campaign travel
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed al	oove)
	Credit Card Payment			The Instruction G	Guide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 14/26 Rpt: 20/32		Troxclair, Ell	len (The Hono	rable)					00085663		
4	Date	5	Payee name									
	09/11/2024		Juiceland									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$17.30		2210 S 1st S		,	_,p ==						
	¥=1.133											
			Austin, TX 7	9704								
Ļ		⊢										
8	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description	otoi	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Food/Bevera	age Expense				=		officeholder livin	nplete Schedule T. a expense	
								Refreshemen				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					•					
\vdash	Date		Payee name									
	09/20/2024		Juliet Italian	Kitchen								
		⊢			Ctoto	Zin Co	do					
	Amount (\$) \$24.37		Payee addres	-	State,	Zip Co	ue					
	Φ24.37		1500 Barton	Springs								
		$oxed{oxed}$	Austin, TX 7	8704								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense						officeholder livin	nplete Schedule T.	
								Meal during o				
								· ·				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					•					
-	Date	Π	Payee name									
	08/19/2024		Kendall Cou	nty GOP								
	Amount (\$)		Payee addres		Stato:	Zip Co	do					
	\$250.00		P.O. Box 10	•	Siale,	Zip Co	ue					
	Ψ230.00		F.O. DOX 10	44,								
			Deams TV	70000								
		-	Boerne, TX									
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description	otoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		ittee		ш		officeholder livin		
			Carididate/C	mceriolaei/i o	illicai Comin	ittee		Event sponso			9	
										-		
	Complete ONLY if direct		 Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O											
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/26 Rpt: 21/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/05/2024	Kendall County GOP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.80	P.O. Box 1044,
		Boerne, TX 78006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C
		Candidate/Officeholder/Political Committee
		2 sharen
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/16/2024	Leander Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 551
	,	
		Leander, TX 78646
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/11/2024	Line Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	111 E Cesar Chavez
		Austin, TX 78701
_	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 Parking during campaign meeting
		raiking duning campaign meeting
	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 Commit

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: 16/26 Rpt: 22/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	09/16/2024	Marble Falls Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	916 2nd St
		Marble Falls, TX 78654
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chamber of Commerce dues
		Chamber of Commission dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	08/14/2024	Modern Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.70	401 Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
		ivieal with Stan during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	07/30/2024	Nespresso
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	111 W 33rd St
		New York City, NY 10001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for political office
		Supplies for political office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cab - dist - E4		
1	Total pages Schedule F1: Sch: 17/26 Rpt: 23/32	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663	
4	Date	5 Payee name	
	09/11/2024	Old No. 9 Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$77.75	369 S Esser Rd	
		Boerne, TX 78006	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		Meal during campaign travel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	09/19/2024	Phoebe's Diner	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.29	533 Oltorf	
		Austin, TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meal during campaign travel	
		mod daming outputgit davoi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	_
	09/16/2024	Proforma	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$121.78	8800 E Pleasant Valley Rd	
		Cleveland, OH 44131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign printing	
		Campaign pinning	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

Event Expense Loain Fees Office |
Foes Office |
Food/Beverage Expense Polling |
Gitt/Awards/Memorials Expense Printin |
Legal Services Salarie

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 24/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/20/2024	Smith, Stacy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.00	1429 Carson Way
		Burnet, TX 78611
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 Mailbox
		Withibox
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	07/02/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$267.44	2702 Love Field Dr
		Dallas, TX 75235
	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 Airfaire during campaign travel
		Amaire during campaign traver
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	07/29/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	2702 Love Field Dr
		Dallas, TX 75235
	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 Airfaire Fees during campaign travel
		Amaile Fees during campaigh traver
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/26 Rpt: 25/32	Troxclair, Ellen (The Honorable)		00085663
4	Date	5 Payee name		•
	08/12/2024	Southwest Airlines		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$8.00	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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fees for inflight service during campaign travel
L				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	·			
	Date	Payee name		
	09/10/2024	Spicewood Hardware		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$24.87	20700 S Hwy 71		
		Spicewood, TX 78669		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Supplies for political office
				The state of the s
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		•	
_	Date	Payee name		
	07/08/2024	Square Space, Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	ıde	
	\$46.50	8 Clarkson St	uc	
	¥ 10.00			
		New York City, NY 10014		
	PURPOSE	,	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overflead/Neffical Expense		Check if Austin, TX, officeholder living expense
				Website host fee
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 26/32	Troxclair, Ellen (The Honorable) 00085663
4	Date	5 Payee name
	08/08/2024	Square Space, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.50	8 Clarkson St
		New York City, NY 10014
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
		Website host fee
		Westerness 1990
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	08/26/2024	Square Space, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.00	8 Clarkson St
		New York City, NY 10014
	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 Website host fee
		website flost fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	09/09/2024	Square Space, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.77	8 Clarkson St
		New York City, NY 10014
	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
		Website host fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 21/26 Rpt: 27/32	Troxclair, Ellen (The Honorable) 00085663					
4	Date	5 Payee name					
	09/24/2024	Square Space, Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$42.00	8 Clarkson St					
		New York City, NY 10014					
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 Website host fee					
		Website host lee					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
J	expenditure to benefit C/OI						
	Date	Payee name					
	09/25/2024	Square Space, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$14.00	8 Clarkson St					
		New York City, NY 10014					
	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 Website host fee					
		Website host lee					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	09/26/2024	Square Space, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$38.38	8 Clarkson St					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		New York City, NY 10014					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Website host fee					
	Complete ONLY if alias -t	Condidate/Officeholder name Office country					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/26 Rpt: 28/32	Troxclair, Ellen (The Honorable) 00085663
4 Date	5 Payee name
09/23/2024	Square Space, Inc.
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 8 Clarkson St New York City, NY 10014
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 Website host fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Sunoco
Amount (\$) \$18.93	Payee address; City; State; Zip Code 2601 W Braker
	Austin, TX 78758
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during campaign travel
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 08/27/2024	Payee name Texaco
Amount (\$) \$83.66	Payee address; City; State; Zip Code 7110 Bee Caves Rd
	Austin, TX 78746
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel during campaign travel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Legal Services	Salari		es/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	above)
				iide explains how to	compl	lete this form.				
1	Total pages Schedule F1:	2 FILER NA	AME				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 23/26 Rpt: 29/32	Troxclaiı	r, Ellen (The Honora	able)				00085663		
4	Date	5 Payee na	me							
	09/04/2024	Texaco								
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip	Code					
	\$90.02	7110 Be	e Caves Rd							
		Austin 1	X 78746							
8	PURPOSE				(b)	. Description				
ľ	OF		(See Categories listed at the	ne top of this schedule)	(6)	Description Check if travel or	nutsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE	Travel Ir	DISTRICT					officeholder living		
						Fuel during ca				
						G				
9	Complete ONLY if direct	Candidate/	Officeholder name	Office	<u> </u>			Office h	eld	
	expenditure to benefit C/O	4			J					
H	Date	Payee na	me							
	09/16/2024	Texaco	ine							
	Amount (\$)	Payee ad	dress; City;	State; Zip	Code					
	\$83.36		e Caves Rd	Otato, Zip	Oudo					
	Ψ03.30	7110 00	e caves ru							
		Austin, 1	X 78746							
	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Ir	District						nplete Schedule T.	
						Fuel during ca		officeholder living		
						ruel dulling Ca	am	paigii iiavei		
	Complete ONLY if direct	Condidate	Officeholder name	Office				Office h	old	
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office	sougni			Office h	eiu	
	Date	Payee na								
	07/23/2024	Texans 1	for Medical Freedor	n						
	Amount (\$)	Payee ad	dress; City;	State; Zip	Code					
	\$1,000.00	1321 W	Randol Mill Rd							
		Arlingtor	ı, TX 76012							
	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				
	OF		tions/Donations Ma			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Candida	te/Officeholder/Poli	tical Committee			TX,	officeholder living	g expense	
						Donation				
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office	sought			Office h	eld	
	CAPETIGITUTE TO DETICITE C/OF	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/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	
Ļ		
1	Total pages Schedule F1: Sch: 24/26 Rpt: 30/32	2 FILER NAME Troxclair, Ellen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085663
4	Date	5 Payee name
	07/10/2024	Texas Department of Criminal Justice
6	Amount (\$) \$779.40	7 Payee address; City; State; Zip Code8712 Shoal Creek Blvd #290
	, -	
	DUDDOCE	Austin, TX 78757
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
		Supplies for political office
		Supplies for political office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Texas Federation of Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$416.67	13740 N Hwy 183
		Austin, TX 78750
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	07/16/2024	Texas for Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.17	13740 N Hwy 183
		Austin, TX 78750
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/26 Rpt: 31/32	Troxclair, Ellen (The Honorable)	00085663
4	Date	5 Payee name	
	08/05/2024	USPS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.60	823 Congress	
		Austin, TX 78701	
8	PURPOSE		
ľ	OF	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	tin, TX, officeholder living expense
		Postage for	mailing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		oco no.u
H	Date	Payee name	
	07/19/2024	Wellington Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.14	1007 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	el outside of Texas. Complete Schedule T. iin, TX, officeholder living expense
			ing campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi		
	Date	Payee name	
	07/29/2024	Winred	
	Amount (\$) \$132.99	Payee address; City; State; Zip Code 1776 Wilson Blvd	
	Φ132.99	1770 WIISOTI BIVU	
		Arlington, VA 22209	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
	EXPENDITURE		tin, TX, officeholder living expense
		Processing	fee for online contributions
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Troxclair, Ellen (The Honorable) 00085663
5 Payee name
Yellow Dog Coffee
7 Payee address; City; State; Zip Code
9807 State Hwy 71
Spicewood, TX 78669
(a) Category (See Categories listed at the top of this schedule) (b) Description
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense
Refreshments during campaign travel
Candidate/Officeholder name Office sought Office held