CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τŀ	e C/OH Instruction	Guide explains how to complete	this form.	1 Filer ID (Ethics Commis 00080101	ssion Filers)	2 Total pages fi	led: 25
3	CANDIDATE /	MS / MRS / MR F	IRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable J	oseph Cole			OFFICE	
	NAME		AST		SUFFIX	Date Received ELECTRONIC 10/07/2024	ALLY FILED
		H	lefner				
4	CANDIDATE /	ADDRESS / PO BOX; APT / S		٧·	ZIP CODE	Date Hand-delivered of	or Date Postmarked
ľ	OFFICEHOLDER MAILING ADDRESS	P.O. Box 167		• ,		Receipt #	Amount
	Change of Address	Mount Pleasant, TX 75456				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FI	RST		MI	-	
	TREASURER NAME	Mr. R	ichard W.				
		NICKNAME LA	AST		SUFFIX		
			aker		SOLLIX		
	CAMPAICN					CT	
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	JX PLEASE);	AP	/ SUITE #; CITY;	51	ATE; ZIP CODE
	ADDRESS	2900 I-30 East					
	(Residence or Business)						
		Mt. Pleasant, TX 75455					
-				VTENOION			
7	CAMPAIGN TREASURER		NUMBER E	XTENSION			
	PHONE	(903) 563-1994					
8	REPORT TYPE	January 15	30th day before		Runoff	1 Eth day after on	mpaign treasurer
		January 15	Sour day before		Ruhon	appointment (off	ceholder only)
		July 15	8th day before e	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
					reporting limit	-	
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2024	TH	ROUGH	09/26/2024	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	PI	rimary	Runoff	Other	
		11/05/2024	XG	eneral	Special	_	
				enera			
	055105					<u> </u>	
++	OFFICE	OFFICE HELD (if any)	E		12 OFFICE SOUGHT		
		State Representative District	5		State Representa	alive District 5	
L							
I							
			GO T	O PAGE 2			
	rms provided by To	exas Ethics Commission	144444	nics.state.tx.u	5	Vore	ion V4.1.0.48da51f7
10	ins provided by Te		www.eu	100.01010.10.03	<u>ل</u>	v CI S	v

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 25

13 C / OH NAME	Hefner, Joseph Cole	(The Honorable)	14 Filer ID (E 00080101	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in d officeholders are required to report this information	the candidate's or officel	nolder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES							
16 CONTRIBUTION TOTALS	\$ 0.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 13,725.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,446.58					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 125,304.92					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Honora	ble Joseph Cole Hefr	ier					
		Signature of	Candidate or Officehold	er					
AFFIX NOT	TARY STAMP / SEAL ABO	OVE							
Sworn to and subsc	day								
of	, 20, to ce	ertify which, witness my hand and seal of office.							
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath					
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us	\	/ersion V4.1.0.48da51f7					

SUBTOTALS - C/OH	с	FORM C/OH OVER SHEET PG 3 3 of 25
18 FILER NAME Hefner, Joseph Cole (The Honorable)	19 Filer ID 00080101	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,725.00
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	\$ 32,446.58
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. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 96.12

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hefner, Jose	ph Cole (The Honorable)		00080101
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	C00390963)	7 Amount of Contribution (\$)
07/01/2024	Ardent Health Services LLC Good Government	Fund	\$1,000.00
	6 Contributor address; City; State; Zip Code		1
	Brentwood, TN 37027		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
			-,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/04/2024	Cano, Rosalio & Mari	ſ	\$2,000.00
	Contributor address; City; State; Zip Code		
	Gilmer, TX 75645		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	
General Man		rative	
Date	Full name of contributor X out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/16/2024	Comerica Incorporated PAC		\$2,500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
09/16/2024	Dallas Police Officer PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75215		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/28/2024	Germania Farm Mutual PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Brenham, TX 77834		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
		<u>I</u>	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_							
	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/25	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ph Cole (The Honorable)			-	00080101	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/28/2024	Hogg, Willis					\$25.00
		6 Contributor address; City; State; 2	Zip Code				
		Big Sandy, TX 75755		9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	5)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/26/2024 Hogg, Willis							\$25.00
		Contributor address; City; State; 2					
		Big Sandy, TX 75755					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	Hogg, Willis					\$25.00
		Contributor address; City; State; 2	Zip Code				
		-					
		Big Sandy, TX 75755					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024	Nosek, Nicole					\$1,150.00
		Contributor address; City; State; 2					
		West Lake Hill, TX 78746					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chair			Texans for Reasonable	So	lutions	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024	TREPAC Texas Association of	f Realtors Political	Action Committee			\$5,000.00
		Contributor address; City; State; Z					
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
⊢							
1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol by - Gift/Awards/Memorials Expense Prin		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov		
1	Total pages Schedule F1:	2 =				P • • • • • • • • • • • • • • • • • • •	3	Filer ID (Ethics Commission	n Filers)
1	Sch: 1/19 Rpt: 6/25		efner, Joseph Cole (The	Honorable)				00080101	11 11613)
4	Date 07/16/2024		ayee name irbnb				-		
6	Amount (\$)	7 P	ayee address; City;	State:	· Zin Cor	۹			
Ū	Amount (\$) 7 Payee address; City; State; Zip Code \$373.57 888 Brannan St. San Francisco, CA 94117								
_	BUBBOOF					L)			
8	 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 Lodging 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	ht		Office held	
	Date	Р	ayee name						
	07/19/2024	A	Idredge Cleaners & Laur	dry					
	Amount (\$)	P	ayee address; City;	State;	Zip Coo	e			
	\$4.60		21 Titus ilmer, TX 75644						
	PURPOSE OF EXPENDITURE		ategory _{(See Categories listed at ffice Overhead/Rental E}		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	Р	ayee name						
	07/01/2024		erry Communications						
	Amount (\$) \$25,000.00	P	ayee address; City; 014 W. Milton St.	State;	; Zip Coo	e			
		A	ustin, TX 78704						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at onsulting Expense	the top of this sch	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	ht		Office held	

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense		ense bense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 2/19 Rpt: 7/25		lefner, Joseph Cole (The Honorable)				00080101			
4	Date 09/04/2024		Payee name Brookshire's							
6	Amount (\$) \$50.71	3 1	7 Payee address; City; State; Zip Code 308 W Ferguson Rd. 102 N Greer Blvd Pittsburg, TX 75686							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name O	Office sou	ht		Office held			
	Date	F	Payee name							
	09/10/2024	C	Canva							
	Amount (\$) \$12.99	3	vayee address; City; State; 212 E Cesar Chavez St Austin, TX 78702	Zip Co	le					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense Subscription			
	Complete ONLY if direct expenditure to benefit C/OF		undidate/Officeholder name O)ffice sou	ht		Office held			
	Date	F	ayee name							
	08/12/2024		Canva							
	Amount (\$) \$12.99		Payee address; City; State; 212 E Cesar Chavez St	Zip Co	le					
		A	Austin, TX 78702							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic Design Subscription						officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		undidate/Officeholder name O	Office sou	ht		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	verhea Expens Expen /Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·							
1	Sch: 3/19 Rpt: 8/25	2	Hefner, Joseph Cole (The Honorable)				00080101		
4	Date	5	Payee name							
	07/01/2024		Chick-fil-A							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$10.37		503 W Martin Luther King Blvd							
			Austin, TX 78701		_					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
	-							officeholder living expense		
						Meeting to D	ISCL	uss Officeholder Matters		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	07/25/2024		Chuy's							
_	Amount (\$)			e; Zip C	odo					
	.,			e, zip c	oue					
	\$273.37		1728 Barton Springs Rd.							
			Austin , TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						Meeting to D	iscı	uss Officeholder Matters		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	08/15/2024		Doubletree Suites							
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode					
	\$170.47		303 W. 15th							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.		
							ı, ТХ,	officeholder living expense		
						Lodging				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		

			EXPENDITURE CATEGOR	RIES FOF	BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Ex Printing Ex Salaries/W	rhead/l bense pense 'ages/C	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_		I	The Instruction Guide explains I	how to co	npieu	e this form.	-		
1	Total pages Schedule F1: Sch: 4/19 Rpt: 9/25		FILER NAME Hefner, Joseph Cole (The Honorable)				3	Filer ID (Ethics Commission Filers) 00080101	
4	Date	5	Payee name			I			
	07/01/2024		Google Inc.						
6	Amount (\$) \$30.70 Amountain View, CA 94043 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) [Description			
	OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Account Fee						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	09/03/2024		Google Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$30.70		1600 Amphitheatre Pkwy Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)	[TX,	de of Texas. Complete Schedule T. officeholder living expense CC	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	08/01/2024		Google Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$30.70		1600 Amphitheatre Pkwy	·					
			Mountain View, CA 94043	i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)			TX,	de of Texas. Complete Schedule T. officeholder living expense EE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	

				EXPENDITUR	E CATEGOF	RIES FOR	R BC)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gi nmittee Le	rent Expense res od/Beverage Expens ft/Awards/Memorials gal Services	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens (ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	ated Expense
				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 5/19 Rpt: 10/25		Hefner, Josep	h Cole (The ⊢	lonorable)					00080101		
4	Date	5	Payee name									
	08/02/2024		HEB									
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de					
	\$46.61	6001 W. Parmer Ln.										
			Austin, TX 78	727								
8	PURPOSE	(a)		Categories listed at th	a tan af this ash	odulo)	(b)	Description				
	OF		Food/Bevera		ie top of this sch	edule)	(~)	<u> </u>	outsid	de of Texas. Com	plete Schedule	г.
	EXPENDITURE							Check if Austin	, TX,	officeholder living	expense	
								Food & Beve	rag	e for Capito	Office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	С	Office sou	ght			Office he	eld	
	Date		Payee name									
	07/01/2024		Hilton Garder	Inn								
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$335.00		500 N Intersta	ate 35								
			Austin, TX 78	701								
	PURPOSE OF	(a)		Categories listed at th	ne top of this scho	edule)	(b)	Description				
	EXPENDITURE		Travel Out of	District						de of Texas. Com officeholder living		
								Lodging				
								0 0				
	Complete ONLY if direct		Candidate/Office	holder name	C	Dffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Η										
-	Date		Payee name									
	07/09/2024		Hilton Garder	Inn								
-	Amount (\$)		Payee address		State	Zip Co	de					
	\$158.85		500 N Intersta		State,	-ih C0						
	φ100.00											
			Austin, TX 78	701								
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of							de of Texas. Com		г.
									, TX,	officeholder living	expense	
								Lodging				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
		•										

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ bense pense ages/0	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
_	Tatal same Oshadula Et.				iipiei		-				
1	Total pages Schedule F1: Sch: 6/19 Rpt: 11/25	2	FILER NAME Hefner, Joseph Cole (The Honorable)				3	Filer ID (Ethics Commission Filers) 00080101			
4	Date	5	Payee name								
	07/10/2024		Hilton Garden Inn								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$170.59		500 N Interstate 35								
			Austin, TX 78701								
8	PURPOSE	(2)			(h)	Description					
ľ	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(0) 	Description Check if travel of	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District		Ī			officeholder living expense			
						 Lodging					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice sou	ght			Office held			
	Date		Payee name								
	08/14/2024		Hilton Garden Inn								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$327.66		500 N Interstate 35	Ζιρ Ου	ue						
	φ327.00		SOUN INTERSTATE SS								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District		Į			de of Texas. Complete Schedule T.			
					l		, TX,	officeholder living expense			
						Lodging					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held			
	Date		Payee name								
	07/05/2024		Hobby Lobby								
-	Amount (\$)			Zip Co	do						
	\$103.35		1319 W Pipeline Rd,	210 00	uc						
	φ105.55										
			Hurst, TX 76053								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF		Office Overhead/Rental Expense	,	Ι	Check if travel of	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE				Ī	Check if Austin,	, TX,	officeholder living expense			
						Office Decor					
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght			Office held			
	expenditure to benefit C/OI	4									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · ·		•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 7/19 Rpt: 12/25		Hefner, Joseph Cole (The Honorable)				00080101				
4	Date 08/12/2024		Payee name Hobby Lobby								
6 Amount (\$) \$31.39 Hurst, TX 76053 7 Payee address; City; State; Zip Code Hurst, TX 76053											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Office Decor Check if Austin, TX, officeholder living expense Office Decor											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	08/14/2024		Hope Ministries of Northeast Texas								
Amount (\$)Payee address;City;State;Zip Code\$600.00P.O. Box 1618											
			Mount Pleasant, TX 75456								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi			, TX,	ide of Texas. Complete Schedule T. , officeholder living expense hip				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice souc	ht		Office held				
	Date		Payee name								
	09/11/2024		Javi's								
	Amount (\$) \$155.86		Payee address; City; State; 7212 Old Jacksonville Highway	Zip Coo	le						
			Tyler, TX 75703								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense USS Officeholder Matters				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name O	ffice sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	-		The Instruction Guide explains I	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)		
	Sch: 8/19 Rpt: 13/25		Hefner, Joseph Cole (The Honorable)					00080101		
4	Date	5	Payee name							
	07/22/2024		LAZ Parking							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$25.75		1660 Dallas St.							
			Houston, TX 77010							
0	DUDDOSE	(0)			(h)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(a)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District					officeholder living expense		
						 Parking				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	07/01/2024		Laura's Cheesecake							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$31.69		109 N. Madison	Ζιρ Ου	ue					
	401.09		109 14. Madisoff							
			Mount Pleasant, TX 75455							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense		
								uss Officeholder Matters		
						Neeting to Di	500			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt			Office held		
	expenditure to benefit C/OF				gin			Once neid		
	Date		Payee name							
	08/27/2024		Lindale Area Chamber of Commerce							
	Amount (\$)			Zip Co	do					
	\$450.00		205 S Main St.	zip Cu	ue					
	φ450.00		203 3 Main St.							
			Lindale, TX 75771							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					de of Texas. Complete Schedule T. officeholder living expense		
						Chamber Me				
	Complete ONLV if direct	Ļ	Candidate/Officeholder name C	Office sou	ab+			Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			MILE SOU	ynt			Office field		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 9/19 Rpt: 14/25	Hefner, Joseph Cole (The Honorable)	00080101							
4	Date	5 Payee name								
	07/23/2024	Lindale Area Chamber of Commerce								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$15.00	205 S Main St.								
		Lindolo TV 75771								
		Lindale, TX 75771								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
			cheon Admission							
	Operation ONUNC for the other									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/10/2024	Lyft								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$6.86	185 Berry St								
		Suite 400								
		San Francisco, CA 94107								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
		Rideshare	TX, officeholder living expense							
		Riuesnare								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/09/2024	Lyft								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.81	185 Berry St								
	Ψ10.01	-								
		Suite 400								
		San Francisco, CA 94107								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
			TX, officeholder living expense							
		Rideshare								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	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: 10/19 Rpt: 15/25		Hefner, Joseph Cole (The Honorable)				00080101				
4	Date 09/06/2024		Payee name Lyft								
6	Amount (\$) \$28.66										
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held				
	Date		Payee name								
	08/15/2024		Lyft								
	Amount (\$) \$5.21		Payee address; City; State; 185 Berry St Suite 400 San Francisco, CA 94107	Zip Co	de						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held				
	Date		Payee name								
	09/25/2024		Lyft								
	Amount (\$) \$8.33		Payee address; City; State; 185 Berry St Suite 400 San Francisco, CA 94107	Zip Co	de						
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 Rideshare											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper ee Legal Services The Instruction Guide (nse l	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FIL		•	-	•	3	Filer ID (Ethics Commission Filers)		
	Sch: 11/19 Rpt: 16/25		fner, Joseph Cole (The Hond	orable)				00080101		
4	Date 07/03/2024		yee name hilchimp							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$140.71 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email List Fee										
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	Pa	yee name							
	09/03/2024	Ma	Mailchimp							
Amount (\$) Payee address; City; State; Zip Code										
\$140.71 675 Ponce de Leon Ave NE										
			ite 5000 anta, GA 30308							
	PURPOSE OF EXPENDITURE	(a) Ca Fe	tegory (See Categories listed at the top eS	of this sched	dule) (ı, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Off	fice soug	ht		Office held		
	Date	Pa	yee name							
	08/02/2024		lichimp							
Amount (\$) Payee address; City; State; Zip Code \$140.71 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308										
	PURPOSE OF EXPENDITURE	(a) Ca Fe	tegory (See Categories listed at the top es	of this sched	dule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Off	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Lo Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Inmittee Legal Services Sa The Instruction Guide explains how		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	Filer ID (Ethics Commission Filers)							
	Sch: 12/19 Rpt: 17/25		Hefner, Joseph Cole (The Honorable)				00080101				
4	Date 07/26/2024		Payee name Martin's								
6 Amount (\$) \$61.20 7 Payee address; City; State; Zip Code 2808 Guadalupe St Austin, TX 78705											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offic	ce sough	it		Office held				
	Date		Payee name								
	09/25/2024		Open Door Parking								
	Amount (\$) \$22.50		Payee address; City; State; Z 807 W 6th	Zip Code	3						
	PURPOSE OF EXPENDITURE	<u> </u>	Austin, TX 78703 Category (See Categories listed at the top of this schedule Travel Out of District	le) (t			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce sough	it		Office held				
	Date		Payee name								
	07/01/2024		Phoebe's Diner								
	Amount (\$) \$65.71		Payee address; City; State; Z 408 W. 11th St.	Zip Code	2						
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Food/Beverage Expense	le) (t	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense JSS Officeholder Matters				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce sough	nt		Office held				

	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 Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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: 13/19 Rpt: 18/25	Hefner, Joseph Cole (The Honorable)	00080101							
4	Date 08/20/2024	Payee name Pittsburg Hot Link Restaurant								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$18.40 136 W Marshall St Pittsburg, TX 75686										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/31/2024	Posado's								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$70.65	2214 W SW Loop 323 Tyler, TX 75701								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense scuss Officeholder Matters							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/03/2024	Purple Sage Strategies								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,250.00	3002 Bryker Drive								
		Austin, TX 78703								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Consulting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	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 Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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: 14/19 Rpt: 19/25		Hefner, Joseph Cole (The Honorable)					00080101			
4	Date	5	Payee name								
	07/18/2024		Smith County Republican Party								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$250.00		3923 S Broadway Ave								
			-								
			Tyler, TX 75701								
_			-								
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description		de ef Teures, Osmanlada Calendula T			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittoo				de of Texas. Complete Schedule T. officeholder living expense			
				lilee		Sponsorship	, 170,				
						oponoonop					
9	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	thr			Office held			
Ĵ	expenditure to benefit C/OF			nice sou	JIII			Once neu			
╞											
	Date		Payee name								
	08/28/2024		Squarespace Inc.								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$30.91		225 Varick Street								
			12th floor								
			New York, TX 10014								
_	DUDDOCE				(1-)						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(a)	Description	outei	de of Texas. Complete Schedule T.			
	EXPENDITURE		Fees					officeholder living expense			
						Website Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght			Office held			
	Date		Payee name								
	07/29/2024		Squarespace Inc.								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$30.91		225 Varick Street								
			12th floor								
			New York, TX 10014								
	DUDDOOF			r	(1-)						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(a)	Description	outei	de of Texas. Complete Schedule T.			
	EXPENDITURE		Fees					officeholder living expense			
						Website Fee	,,				
⊢	Complete ONLY if direct	<u></u>	Candidate/Officeholder name O	office soug	thr			Office held			
	expenditure to benefit C/OF				g. 11						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel in I Gift/Awards/Memorials Expense Printing Expense Travel Ou					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/19 Rpt: 20/25		, Joseph Cole (The H	onorable)			-	00080101	``````````````````````````````````````	
4	Date 09/16/2024	Payee Subwa								
6 Amount (\$) \$114.93 \$114.93 7 Payee address; City; State; Zip Code 325 US Hwy 271 S. Gilmer, TX 75644										
8	PURPOSE OF EXPENDITURE		び(See Categories listed at th Severage Expense	e top of this sch	edule)		n, TX, c	officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	C	Office soug	ht		Office he	eld	
	Date	Payee	name							
	07/30/2024	Texan	s for Medical Freedon	ı						
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 175272								
		Arlingt	on, TX 76003							
	PURPOSE OF EXPENDITURE	Contrik	Y (See Categories listed at th putions/Donations Ma late/Officeholder/Polit	de By			n, TX, c	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	C	Office soug	ht		Office he	eld	
	Date	Payee I	name							
	09/03/2024	Texas	Music City Grill							
	Amount (\$) \$76.94		address; City; anda Lambert Way	State;	; Zip Coo	le				
			e, TX 75771							
	PURPOSE OF EXPENDITURE		ツ(See Categories listed at th Severage Expense	e top of this sch	iedule)		ι, TX, c	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	(Office soug	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo G nmittee Le	rent Expense es jood/Beverage Expense tf/Awards/Memorials Exper gal Services he Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)	
ľ	Sch: 16/19 Rpt: 21/25		oh Cole (The Hond	orable)			-	00080101		
4	Date	Payee name								
	09/04/2024	Tiempo de Fi	esta							
6	Amount (\$)	Payee address	; City;	State;	Zip Coo	le				
	\$50.00	1500 W. Ferg	uson							
		_								
		Mount Pleasa	nt TX 75455							
8	PURPOSE									
°	OF		Categories listed at the top	of this sche	edule)	b) Description	outsid	le of Texas. Comp	lete Schedule T	
	EXPENDITURE	Event Expense	e					officeholder living		
						Rental Items				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	0	office soug	ht		Office hel	ld	
⊨	Date	Payee name								
	09/09/2024	Turf n Surf Po	bov							
⊢			•	Ctata	Zin Cos	la.				
	Amount (\$)	Payee address		State;	Zip Coo	le				
	\$45.18	407 Lavaca S	it in the second s							
		Austin, TX 78	701							
	PURPOSE	Category (See	Categories listed at the top	of this sche	edule)	b) Description				
	OF	Food/Beverag			Juliej		outsid	le of Texas. Comp	lete Schedule T.	
	EXPENDITURE	1 000,201010				Check if Austir	n, TX, d	officeholder living	expense	
						Meeting to D	iscu	ss Officehol	der Matters	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	0	office soug	ht		Office hel	ld	
⊨	Data									
	Date 07/18/2024	Payee name US Postal Se	n <i>i</i> ice							
	Amount (\$)	Payee address		State;	Zip Coo	le				
	\$216.00	2627 S Broad	lway							
		Tyler, TX 757	01							
	PURPOSE	Category (See	Categories listed at the top	of this scho	(aluba	b) Description				
	OF	Mailing Exper		or this serie			outsid	le of Texas. Comp	lete Schedule T.	
	EXPENDITURE					Check if Austir	n, TX, d	officeholder living	expense	
						Postage				
-	Complete ONLY if direct	Candidate/Office	holder name	O'	office soug	ht		Office hel	ld	
	expenditure to benefit C/Oł	Carlo Sato, Omot		0		-		2	-	
-										

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex tee Legal Services The Instruction Guic		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 EI		Filer ID (Ethics Commission Filers)	\neg				
1	Sch: 17/19 Rpt: 22/25		efner, Joseph Cole (The Ho	norable)			1	00080101	
4	Date	5 Pa	yee name						
	09/10/2024	W	almart						
6 Amount (\$) \$2.53 105 E Centennial Blvd Lindale, TX 75771									
8	PURPOSE	(a) Ca	tegory (See Categories listed at the	ton of this sch	edule)	b) Description			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Check if Austin, TX, officeholder living exp Office Supplies									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held	
	Date	Pa	yee name						
	07/23/2024	W	almart						
	Amount (\$)	Pa	yee address; City;	State;	Zip Coc	e			
	\$7.80	Lii	5 E Centennial Blvd ndale, TX 75771						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the fice Overhead/Rental Expe		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held	
	Date	Pa	yee name						=
	09/04/2024	W	hataburger						
	Amount (\$)	Pa	yee address; City;	State;	Zip Coc	e			┥
	\$79.81		21 South Jefferson		·				
		M	ount Pleasant, TX 75455						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the bod/Beverage Expense	top of this sche	edule)	Check if Austin	n, TX,	de of Texas. Complete Schedule T. officeholder living expense ISS Officeholder Matters	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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: 18/19 Rpt: 23/25		Hefner, Joseph Cole (The Honorable)				00080101			
4	Date 09/04/2024		Payee name Whataburger							
6 Amount (\$) \$32.23 7 Payee address; City; State; Zip Code \$92 US Hwy 271 N Gilmer, TX 75644										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	office sou	yht		Office held			
	Date		Payee name							
	09/23/2024		Whataburger							
Amount (\$)Payee address;City;State;Zip Code\$29.684825 S Broadway Ave										
		<u> </u>	Tyler, TX 75703		<u></u>					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense JSS Officeholder Matters			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	08/28/2024		WinRed							
	Amount (\$) \$45.31		Payee address; City; State; 1776 Wilson Blvd Ste 530 Arlington, VA 22209	Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Solicitation/Fundraising Expense	edule)		, тх,	de of Texas. Complete Schedule T. , officeholder living expense SSING Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	office sou	yht		Office held			
		_		_		_				

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 Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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:	· · ·	3 Filer ID (Ethics Commission Filers)							
-	Sch: 19/19 Rpt: 24/25	Hefner, Joseph Cole (The Honorable)	00080101							
4	Date 08/24/2024	Payee name WinRed								
6	Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209								
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name								
	07/24/2024	WinRed								
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Incessing Fee							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/26/2024	WinRed								
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Incessing Fee							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

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

SCHEDULE K

I he instruction Guide explains how to complete this form						ages Schedule K: /1 Rpt: 25/25	
2	2 FILER NAME 3 Filer I				Filer ID	D (Ethics Commission Filers)	
	Hefner, Jose	Hefner, Joseph Cole (The Honorable) 000				101	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	07/16/2024		Pine Dunes Lodge				\$96.12
		6	Address of person from whom amount is received; City; State; Zip Code				
			Frankston, TX 75763				
		7		t if polition	cal conti	ribution returned to file	er
			Refund for Duplicate Charge				