CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00082156		2 Total pages f	ïled: 40
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable	Cody J.				
	NAME		000,0			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	10/07/2024	
			Harris				
Ŀ						Date Hand-delivered	ar Data Dactmarked
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T/SUITE#; CI	IY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	MAILING	1007 N. Mallard St.				Receipt #	Amount
	ADDRESS					Receipt #	Amount
	Change of Address	Palestine, TX 75801				Date Processed	
						Date Processed	
						Date Imaged	
						Date intaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER				IVII		
	NAME	Ms.	Patricia				
		NICKNAME	LAST		SUFFIX		
		"Pat"	Redding				
6	CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	r / SUITE #; CITY;	ST	ATE; ZIP CODE
	TREASURER	312 Glenwood Dr.					
	ADDRESS						
	(Residence or Business)	Delectine TV 75001					
		Palestine, TX 75801					
7	CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
Ľ	TREASURER	(214) 535-6615					
	PHONE	(214) 333-0013					
8	REPORT						
ľ	TYPE	January 15	X 30th day befor	e election	Runoff	1 15th day after ca	ampaign treasurer
						appointment (off	
		July 15	8th day before	election	Exceeded modified	Final Report (Att	tach C/OH-FR)
					reporting limit	-	
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2024	TI	HROUGH	09/26/2024	1	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		Primary	Runoff	Other	
		11/05/2024		2			
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		State Representative Dis	trict 8		State Representa	ative District 8	
1							
⊢		Į			1		
1							
1			60.	TO PAGE 2			
L							
Fo	rms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	S	Vers	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 40

13 C / OH NAME	Harris, Cody J. (The	Honorable) 14	4 Filer ID (E 00082156	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditure These expenditures may have been made without the I officeholders are required to report this information o	candidate's or officel	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Dr, Ste 3880		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN I ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 101,100.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 3,382.56
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 59,769.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	ST DAY OF THE	\$ 220,727.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OI TING PERIOD	F THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.		
		The Honor	able Cody J. Harris	
			andidate or Officehold	
		-		
AFFIX NO	TARY STAMP / SEAL AB	JVE		
Sworn to and subs	cribed before me, by the s	aid	_, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		/ersion V4.1.0.48da51f7

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 40 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00082156 Harris, Cody J. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 100,750.66 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 350.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 51,583.47 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 8,186.05 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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-	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		/ J. (The Honorable)			00082156	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	Ag-Air PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		1		ĺ		
		Austin, TX 78701				
8	Principal occu		9 Employer (See Instructions)	L		
-						
	Date	Full name of contributor X out-of-state PAC (ID#: C))))))))))))))))))))	Γ	Amount of Contribution (\$)	
	09/19/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		1		ĺ		
		Washington, DC 20001				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	T more the			,		
_	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	09/19/2024	American Pharmacy Inc GPAC		ĺ		\$5,000.00
		Contributor address; City; State; Zip Code				
		1				
				ĺ		
	D i simplicari	Corpus Christi, TX 78401		Ĺ		
	Principal occu	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions)	.)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Ancira Strategic Partners LLP		ĺ		\$500.00
		Contributor address; City; State; Zip Code				
		1		ĺ		
		Austin, TX 78701				
-	Principal occı	pation / Job title (See Instructions)	Employer (See Instructions))		
		· · · ·	1	,		
	Date	Full name of contributor X out-of-state PAC (ID#: C) (200390963		Amount of Contribution (\$)	
	08/15/2024	Ardent Health Services LLC Good Government F	Fund	ĺ		\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Brentwood, TN 37027				
-	Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<u>ר</u>		
	Filliopai 000a)		
		I				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/13 Rpt: 5/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Harris, Cody J. (The Honorable) 00082156 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/19/2024 Associated Builders & Contractors of TX PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 \$1,000.00 Beer Alliance of Texas Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/19/2024 Bellina, James A. \$1,000.00 Contributor address; City; State; Zip Code Waxhaw, NC 28173 Principal occupation / Job title (See Instructions) Employer (See Instructions) AMA TechTel Communications President Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/19/2024 Ben E. Keith Company Texas PAC \$1,500.00 Contributor address; City; State; Zip Code Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$1,000.00 09/19/2024 **Brentwood Public Affairs** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE	A1
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The In	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/40
2 FILER N	AME		3 Filer ID (Ethics Commission Filers
Harris,	Cody J. (The Honorable)		00082156
4 Date	5 Full name of contributor X out-of-state PAC (ID#:_	C00035675)	7 Amount of Contribution (\$)
09/19/2	024 Bristol-Meyers Squibb Company PAC		\$500
	6 Contributor address; City; State; Zip Code		
Drincinal	Washington, DC 20004 occupation / Job title (See Instructions)	9 Employer (See Instructions)	
8 Philupa			s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2	024 Cammack & Strong PC		\$300
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	
Гшыра			5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/19/2			\$250
	Contributor address; City; State; Zip Code		
Drimeinel	Austin, TX 78701		<u> </u>
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	S)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2	024 Cook, Robby		\$500
	Contributor address; City; State; Zip Code		
	Eagle Lake, TX 77434		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	
	red Lobbyist	Riceland Consulting LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2	—		\$1,500
	Contributor address; City; State; Zip Code		
Drinoino	Austin, TX 78701		->
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	S)

	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/40	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)
	Harris, Cody	J. (The Honorable)		00082156	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	Dennis, Gary J.			\$1,000.00
	I	6 Contributor address; City; State; Zip Code	"		
		Dallas, TX 75230			
	Principal occu Builder	pation / Job title (See Instructions) 9 Employer (See Instructions Self Employed	s)		
	Date	Full name of contributor X out-of-state PAC (ID#: C00082792)	Γ	Amount of Contribution (\$)	
	09/26/2024	Eli Lilly and Company Political Action Committee			\$2,000.00
	l	Contributor address; City; State; Zip Code	'		
		Indianapolis, IN 46285			
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	s)		
	Date	Full name of contributor x out-of-state PAC (ID#: <u>C00340455</u>)	Τ	Amount of Contribution (\$)	
	09/19/2024	Essential Utilities Inc Political Action Committee			\$1,500.00
	I	Contributor address; City; State; Zip Code	1		
		1			
		Derine Maximum DA 10010			
\vdash		Bryn Mawr, PA 19010	Ĺ		
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	S)		
<u> </u>			1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±4 500 00
	09/26/2024	Fred Shannon LLC			\$1,500.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	<u> </u>		
	·		,		
╞	Date	Full name of contributor X out-of-state PAC (ID#: <u>C00199257</u>)	Т	Amount of Contribution (\$)	
	09/19/2024	GenenPAC		,	\$500.00
		Contributor address; City; State; Zip Code			-
		San Francisco, CA 94080			
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	s)		
l l					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/13 Rpt: 8/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Harris, Cody J. (The Honorable) 00082156 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/15/2024 Germania Farm Mutual Political Action Committee \$1,000.00 6 Contributor address; City; State; Zip Code Brenham, TX 77834 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/26/2024 Good Government Fund \$2,500.00 Contributor address; City; State; Zip Code Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00266585 Amount of Contribution (\$) Date 09/19/2024 Greenberg Traurig PA PAC \$1,000.00 Contributor address; City; State; Zip Code Albany, NY 12207 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/26/2024 HILLCO PAC \$20,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 \$1,000.00 HOMEPAC of Texas Association of Builders Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		J. (The Honorable)			00082156	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	Hausenfluck, Amber L.				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78704-1060				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Humane Society Legislative Fund of Texas PAC	,			\$500.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20037				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/19/2024	IBAT PAC A PAC of the Independent Bankers A	ssoc of TX			\$1,000.00
		Contributor address; City; State; Zip Code				. ,
		contributor address, city, state, zip code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	J Ancira Strategies)		/ouni or continuation (+)	\$300.00
	00,20,202	Contributor address; City; State; Zip Code				+000100
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
				,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Johnson, Cliff				\$1,000.00
		Contributor address; City; State; Zip Code				
		Palestine, TX 75802				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	nt	JM Premier Services			
⊢						
I						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		/ J. (The Honorable)			00082156	,, ,
4	Date	5 Full name of contributor X out-of-state PAC (ID#:	C002 <u>36489</u>)	7	Amount of Contribution (\$)	
	09/19/2024	Koch Industries, Inc. Political Action Committee			-	\$2,500.00
	I	6 Contributor address; City; State; Zip Code				
		Wichita, KS 67220				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
_			<u> </u>	_		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	McAdams, James W.				\$1,000.00
	1	Contributor address; City; State; Zip Code				
<u> </u>		Cedar Park, CT 78613-4590	· · · · · · · · ·			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Developer		Self Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/13/2024	Miller, Robert D.				\$500.00
	I	Contributor address; City; State; Zip Code				
	D i sizal essi	Dallas, TX 75201		ŕ		
	-	upation / Job title (See Instructions)	Employer (See Instructions) Locke Lord LLP	i)		
	Attorney			—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	± :
	09/26/2024	Moak Casey PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746				
-	Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
	Г шора ооса			'		
╞	Date	Full name of contributor X out-of-state PAC (ID#:	C00022368	_	Amount of Contribution (\$)	
	09/26/2024	NACDS PAC-National Association of Chain Dru				\$750.00
	00/20/202	Contributor address; City; State; Zip Code				Ψι στ.στ
		Culturbulor address, City, State, Lip Code				
		Arlington, VA 22209				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
⊢			<u> </u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/40	
2	FILER NAME Harris, Cody	J. (The Honorable)		3	Filer ID (Ethics Commission 00082156	on Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	NCHA's Texas Events PAC				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76107				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Oberhoff, Donica				\$300.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Government		Acadian Ambulance	,		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>CI</u>	:00554444)		Amount of Contribution (\$)	
	09/19/2024	One Gas, Inc. Political Action Committee	,			\$500.00
		Contributor address; City; State; Zip Code				
		Tulsa, OK 74103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Pediatric Dentists Political Action				\$1,000.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
\vdash	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	.00513549)		Amount of Contribution (\$)	
	09/19/2024	Phillips 66 PAC				\$1,000.66
		Contributor address; City; State; Zip Code				
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

SCHEDULE	A1
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The Instru	iction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/40	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Harris, Cody	y J. (The Honorable)			00082156	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/19/2024	Political Action Committee of The Independent In	nsurance Agents of Texas			\$500.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78768				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
08/15/2024	Rural Friends of Electric Cooperatives	ļ			\$2,000.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701-2100]			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:)]	Γ	Amount of Contribution (\$)	
09/19/2024	Schlueter, Stan				\$1,000.00
	Contributor address; City; State; Zip Code				
I	Austin, TX 78768				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)		
Consultant	1	Stan Schlueter Consultin	ng		
Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
08/15/2024	Sysco Corp. Good Government Committee Inc				\$1,000.00
	Contributor address; City; State; Zip Code				• ,
	Houston, TX 77077				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/15/2024	TREPAC/Texas Realtors Political Action Commi				\$5,000.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78768				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Principal occu		Employer (See Instructions)	<u>ا</u> ج)		

SCHEDULE	A1
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The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/40	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Harris, Cody	y J. (The Honorable)		00082156
4 Date	5 Full name of contributor	C00479998)	7 Amount of Contribution (\$)
09/19/2024			\$500.00
	6 Contributor address; City; State; Zip Code		
	Omaha, NE 68154		<u> </u>
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024	Texans for Lawsuit Reform PAC		\$5,000.00
	Contributor address; City; State; Zip Code		
Dringing oog	Austin, TX 78701	Employer (Soo Instructions	
ΡΠΠΟιραι Ουυυ	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024	Texans for Lawsuit Reform PAC		\$5,000.00
	Contributor address; City; State; Zip Code		
Duin single age	Austin, TX 78701		<u> </u>
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024	Texas Aggregates & Concrete Political Action C	ommittee Association	\$1,000.00
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78681		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/2024	Texas Agricultural Co-Op Council Political Action	n Committee	\$750.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Bringinal accu	upation / Job title (See Instructions)	Employor (Soo Instructions	<u></u>
Phillipal Occu		Employer (See Instructions	»)

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/40	
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)	
	J. (The Honorable)		00082156	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
09/19/2024	Texas Alliance for Life PAC			\$100.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78754			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
09/19/2024	Texas Chemistry Council/Texas Chemistry Allia			\$500.00
	Contributor address; City; State; Zip Code			
	A			
Dringingl oppu	Austin, TX 78701-1586			
ΡΠΠΟιμαι Ουυυ	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/19/2024	Full name of contributor out-of-state PAC (ID#: Texas College of Emergency Physicians Politic			\$1,000.00
00,10,202				Ψ1,000.02
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/19/2024	Texas Early Childcare PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
			'	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/19/2024	Texas Energy Political Action Committee			\$500.00
	Contributor address; City; State; Zip Code			
- · · · · · · · · · · · · · · · · · · ·	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1:		
		Sch: 12/13 Rpt: 15/40		
2 FILER NAME		3 Filer ID (Ethics Commissio	on Filers)	
	/ J. (The Honorable)		00082156	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
09/19/2024	Texas Forestry Association Political Action Com	ımittee		\$2,000.00
	6 Contributor address; City; State; Zip Code			
	Lufkin, TX 75902			
• Drincinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
ο Μποιραί Ουυα			<i>י)</i>	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Dale 09/26/2024	Full name of contributor out-of-state PAC (ID#: Texas Leads PAC)	Amount of Contribution (\$)	\$500.00
0312012027				Φ000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78767			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/19/2024	Texas Medical Association PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
09/19/2024	Texas Trial Lawyers Association PAC			\$2,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Drincinal occu	austin, 1X 78701 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
г шыры осоа			')	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/19/2024	Texas and Southwestern Cattle Raisers Associa			\$1,500.00
001101202 1	Contributor address; City; State; Zip Code			Ψ1,000.00
	Continuation address, City, State, Zip Code			
	Fort Worth, TX 76185			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
		1		

	The Instru	ction Guide explains how to complete th	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/40		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		J. (The Honorable)		00082156		
4	Date	5 Full name of contributor out-of-state PAC (7	Amount of Contribution (\$)		
	09/19/2024	The Chickasaw Nation				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Ada, OK 74820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Troxclair PC	· · · · · · · · · · · · · · · · · · ·			\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Veterinarian Political Action Committee				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78754	i			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/16/2024	Whitmire, Whitney				\$500.00
		Contributor address; City; State; Zip Code				
	Drineirel	Houston, TX 77018				
	Consulting	pation / Job title (See Instructions)	Employer (See Instructions Whitmire & Munoz	5)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	09/19/2024	Wholesale Beer Distributors of Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/40				
2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Harris, Cod	y J. (The Honorable)			00082156		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5	Date 6 Full name of contributor out-of-state PAC (ID#:) 08/27/2024 Eichler, Shera 7 7 Contributor address; City; State; Zip Code Austin, TX 78701				Amount of contribution (\$) 9 In-kind contribution description \$350.00 Email distribution for fundraiser		
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	•			
	Partner		Second Floor Strategies				
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	• •				

	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 1/20 Rpt: 18/40	Harris, Cody J. (The Honorable) 00082156						
4	Date 07/15/2024	Payee name AT&T						
6	Amount (\$) \$127.03	Payee address; City; State; Zip Code PO Box 536216 Atlanta, GA 30353						
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 Campaign cell phone service								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/14/2024	AT&T						
	Amount (\$) \$127.07	Payee address; City; State; Zip Code PO Box 536216 Atlanta, GA 30353						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I phone service					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date 09/16/2024	Payee name AT&T						
	Amount (\$) \$127.07	Payee address; City; State; Zip Code PO Box 536216						
		Atlanta, GA 30353						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I phone service					
	Complete ONLY 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 Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
-	Sch: 2/20 Rpt: 19/40	Harris, Cody J. (The Honorable)	00082156			
4	Date 07/11/2024	Payee name Adobe				
6	Amount (\$) \$64.94	Payee address; City; State; Zip Code 151 S Almaden Blvd San Jose, CA 95113 San Jose, CA 95113				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ftware subscription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/25/2024	Adobe				
	Amount (\$) \$64.94	Payee address; City; State; Zip Code 151 S Almaden Blvd San Jose, CA 95113				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ftware subscription			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/12/2024	Adobe				
	Amount (\$) \$64.94	Payee address; City; State; Zip Code 151 S Almaden Blvd				
		San Jose, CA 95113				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ftware subscription			
	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/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
-	Sch: 3/20 Rpt: 20/40	Harris, Cody J. (The Honorable)	00082156			
4	Date 08/26/2024	Payee name Adobe				
6	Amount (\$) \$64.94	Payee address; City; State; Zip Code 151 S Almaden Blvd San Jose, CA 95113				
8	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Software subscription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/10/2024	Adobe				
	Amount (\$) \$64.94	Payee address; City; State; Zip Code 151 S Almaden Blvd San Jose, CA 95113 San Jose, CA 95113 San Jose, CA 95113				
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Software subscription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/25/2024	Adobe				
	Amount (\$) \$64.94	Payee address;City;State;ZipCode151 S Almaden Blvd				
		San Jose, CA 95113				
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense SOftware Subscription			
	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 Event Expense Loan Repayment/Reimbur Accounting/Banking Fees Office Overhead/Reimbur Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract I Credit Card Payment The Instruction Guide explains how to complete this for			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:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 4/20 Rpt: 21/40	Harris, Cody J. (The Honorable)	00082156				
4	Date 07/26/2024	Payee name Amazon					
6	Amount (\$) \$6.39						
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 Campaign office supplies							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/05/2024	Amazon					
	Amount (\$) \$202.92	Payee address; City; State; Zip Code 410 Terry Ave N					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ICE SUPPLIES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/13/2024	Anderson County Crisis Center					
	Amount (\$) \$500.00	Payee address;City;State; Zip Code313 W Debard					
		Palestine, TX 75801					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	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 B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til / - Gift/Awards/Memorials Expense Printing Expense Til		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: 5/20 Rpt: 22/40		Harris, Cody J. (The Honorable)				00082156
4	Date	5	Payee name				
	07/09/2024		Anderson County Youth Livestock Asso	ociation			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$6,750.00		750 US 287				
			Palestine, TX 75803				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee			ide of Texas. Complete Schedule T. , officeholder living expense
			Candidate/Officenoide/Political Comm	lillee			Auction Sponsorship
							p
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
╞		<u> </u>					
	Date		Payee name				
	07/31/2024		Atchley & Associates LLP				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$3,195.00		1005 La Posada Dr				
			Austin, TX 78752				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.
							, officeholder living expense unting and reporting services
					Campaign ac	CUI	unung and reporting services
	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		Carlson, Jeff				
-	Amount (\$)			Zip Co	de		
	\$800.00		1100 Terrier Cove	Zip Co	ue		
	\$000.00						
			Round Rock, TX 78664				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.
	-						, officeholder living expense
					Campaign co	110	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	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 Expe hittee Legal Services The Instruction Guide	Office Ove Polling Ex ense Printing Ex Salaries/M	pense 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:	II FR NAME	-		3 Filer ID (Ethics Commission Filers)	
-	Sch: 6/20 Rpt: 23/40	larris, Cody J. (The Honorabl	e)		00082156	
4	Date 09/01/2024	ayee name Carlson, Jeff				
_			0t-t 7in 0-	1-		
6	Amount (\$) \$800.00	ayee address; City; 100 Terrier Cove	State; Zip Co	Je		
		Round Rock, TX 78664				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign contract labor					, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	Jht	Office held	
	Date	ayee name				
	09/10/2024	Carlson, Jeff				
	Amount (\$)	ayee address; City;	State; Zip Co	de		
	\$338.00	100 Terrier Cove Round Rock, TX 78664				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top ravel In District	p of this schedule)	Check if Austin Political milea	outside of Texas. Complete Schedule T. , TX, officeholder living expense age to attend meetings in the district Not reimbursed by state.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	jht	Office held	
	Date	ayee name				
	08/16/2024	Cherokee County Republican \	Nomens			
	Amount (\$) \$500.00	ayee address; City; 55 CR 4120	State; Zip Co	de		
		acksonville, TX 75766				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top vent Expense	p of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Drship	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	jht	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 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/20 Rpt: 24/40	Harris, Cody J. (The Honorable)	00082156					
4	Date	Payee name						
	07/18/2024	Congressional Country Club Inc.						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$508.50	8500 River Rd						
Bethesda, MD 20817								
8	PURPOSE							
°	OF	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.					
	EXPENDITURE		, TX, officeholder living expense					
		Lodging for le	egislative trip to DC					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Pavee name						
	07/05/2024	El Toro Mexican Restaurant						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$208.15							
	\$200.15	2111 TX-256 Loop						
		Palestine, TX 75801						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Constituents					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/18/2024	El Toro Mexican Restaurant						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$138.88	2111 TX-256 Loop						
	\$100.00							
		Palestine, TX 75801						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Constituents					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

			EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	FILER N	JAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/20 Rpt: 25/40		Cody J. (The Honor	able)				00082156	· · · · ·
4	Date 08/23/2024	Payee r FTD, L							
6	Amount (\$) \$259.31		ddress; City; rth Lasalle Street o, IL 60601	State;	; Zip Coo	le			
8	PURPOSE OF EXPENDITURE		Y (See Categories listed at th ards/Memorials Exp		edule)		η, TX,	officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office souç	ht		Office he	eld
	Date	Payee r	ame						
	07/01/2024	French	, Amy						
	Amount (\$) \$200.00	Payee a 15 And	ddress; City; erson Drive	State;	; Zip Coo	le			
	PURPOSE OF EXPENDITURE	a) Categor	ne, TX 75801 Y (See Categories listed at th s/Wages/Contract La		edule)		ı, TX,	officeholder living	iplete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office sou	ht		Office he	eld
	Date	Payee r	ame						
	08/01/2024	French	, Amy						
	Amount (\$) \$200.00	Payee a 15 And	ddress; City; erson Drive	State;	; Zip Coo	le			
			ne, TX 75801						
	PURPOSE OF EXPENDITURE		Y (See Categories listed at th s/Wages/Contract La		edule)		ι, TX,	officeholder living	plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	с 	Office sou	ht		Office he	eld

			EXPENDITURE CATEGO	RIES FOR	R BC	DX 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	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense (pens /ages	e s/Contract Labor		Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 9/20 Rpt: 26/40		Harris, Cody J. (The Honorable)					00082156	,
4	Date 08/22/2024		Payee name French, Amy						
6 Amount (\$) 7 Payee address; City; State; Zip Code \$83.08 15 Anderson Drive Palestine, TX 75801									
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Travel In District	hedule)	(b)	Check if Austin Political milea	, тх, а де	de of Texas. Complet officeholder living exp to attend mee t reimbursed b	^{bense} tings in the district
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held	
	Date		Payee name						
	09/02/2024		French, Amy						
	Amount (\$) \$200.00		Payee address; City; State 15 Anderson Drive	e; Zip Co	de				
			Palestine, TX 75801						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)	(b)		, TX,	de of Texas. Complet officeholder living exp act labor	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held	
	Date		Payee name						
	09/10/2024		French, Amy						
	Amount (\$) \$69.68		Payee address; City; State 15 Anderson Drive	e; Zip Co	de				
			Palestine, TX 75801						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Travel In District	hedule)	(b)	Check if Austin Political milea	, тх, age	de of Texas. Complet officeholder living exp to attend mee t reimbursed b	^{bense} tings in the district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	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	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office C Polling Printing Salaries	Verhea Expens Expen Wage	se s/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 10/20 Rpt: 27/40	[Harris, Cody J. (The Honorable)					00082156	, ,
4	Date	5	Payee name						
	09/11/2024		French, Amy						
6	Amount (\$)	7		tate; Zip C	Code				
	\$49.88		15 Anderson Drive						
			Palestine, TX 75801						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Travel In District					ide of Texas. Comp , officeholder living	
									eetings in the district (74
						mi*.67). Not r			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bught			Office he	ld
	Date		Payee name						
	07/05/2024		Harris, Cody						
	Amount (\$)		Payee address; City; Si	tate; Zip C	Code				
	\$1,506.16		1007 N Mallard St	····, [·					
	,								
			Palestine, TX 75801						
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Travel In District					ide of Texas. Comp , officeholder living	
									G mileage expense on
						this report	0110		e mileage expense en
	Complete ONLY if direct		Candidate/Officeholder name	Office so	bught			Office he	ld
	expenditure to benefit C/OI	Н							
_	Date		Payee name						
	07/19/2024		Harris, Cody						
	Amount (\$)		Payee address; City; Si	tate; Zip C	Code				
	\$1,813.04		1007 N Mallard St						
			Palestine, TX 75801						
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Travel In District					ide of Texas. Comp , officeholder living	
									G mileage expense on
						this report	511		- mougo expense on
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office so	L Duaht			Office he	ld
	expenditure to benefit C/OI								

			EXPENDI	TURE CATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						Equipment & Related Expense t
1	Total pages Schedule F1:	2 FIL FI		-		-	3 Filer ID	(Ethics Commission Filers)
-	Sch: 11/20 Rpt: 28/40		s, Cody J. (The H	onorable)			00082156	
4	Date 08/05/2024	5 Paye Harri	e name s, Cody					
_			-	Ctata	; Zip Co			
0	Amount (\$) \$2,089.01	1007	e address; City; N Mallard St	State	, Ζιρ Ου	Je		
		Pale	stine, TX 75801					
8	PURPOSE OF EXPENDITURE		gory (See Categories liste el In District	d at the top of this sch	nedule)	Check if Austin	l outside of Texas. Con n, TX, officeholder livin nent of Schedulo	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		late/Officeholder nam	e (Office sou	Jht	Office h	eld
	Date	Paye	e name					
	09/03/2024	Harri	s, Cody					
	Amount (\$)	Paye	e address; City;	State	; Zip Co	de		
	\$2,777.84		N Mallard St stine, TX 75801					
	PURPOSE OF EXPENDITURE		gory (See Categories liste el In District	d at the top of this sch	nedule)	Check if Austin	l outside of Texas. Con n, TX, officeholder livin nent of Schedule	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder nam	e (Office sou	yht	Office h	eld
	Date	Pave	e name					
	07/25/2024		ewood Suites by H	ilton				
	Amount (\$)	Paye	e address; City;	State	; Zip Co	de		
	\$204.83		ast Ave					
		Aust	n, TX 78701		i			
	PURPOSE OF EXPENDITURE		gory (See Categories liste el In District	d at the top of this sch	nedule)	Check if Austin	l outside of Texas. Con n, TX, officeholder livin Legislative Mee	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder nam	e (Office sou	Jht	Office h	eld

	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 Trar Food/Beverage Expense Polling Expense Trav y - Gift/Awards/Memorials Expense Printing Expense Trav						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: 12/20 Rpt: 29/40		Harris, Cody J. (The Honorable)				00082156		
4	Date	5	Payee name							
	07/31/2024		Homewood Suites by Hilton							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$51.96		78 East Ave							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
							ey	islative Meeting		
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	07/31/2024		Homewood Suites by Hilton							
	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$163.87		78 East Ave	,						
	\$100.01									
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Lodging for L	.eg	islative Meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ht		Office held		
	Data	<u> </u>	D							
	Date 08/14/2024		Payee name Homewood Suites by Hilton							
			_	<u> </u>	7. 0					
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$327.74		78 East Ave							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Lodging for L	.egi	islative Meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	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	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prin	ce Overhead/R ing Expense ting Expense aries/Wages/C	
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 30/40	Harris, Cody J. (The Honorable)		00082156
4	Date 08/03/2024	Payee name JLAC West LLC		
6	Amount (\$) \$4,150.00	Payee address; City; State; Zi 3705 Winding Creek Dr Austin, TX 78735	Code	
8	PURPOSE OF EXPENDITURE	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 Deposit for apartment during session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office	sought	Office held
	Date	Payee name		
	09/04/2024	JLAC West LLC		
	Amount (\$) \$4,150.00	Payee address; City; State; Zi 3705 Winding Creek Dr Austin, TX 78735	Code	
	PURPOSE OF EXPENDITURE	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 Rent for apartment during session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office	sought	Office held
	Date	Payee name		
	09/18/2024	JLAC West LLC		
	Amount (\$) \$4,150.00	Payee address; City; State; Zi 3705 Winding Creek Dr	Code	
		Austin, TX 78735		
	PURPOSE OF EXPENDITURE	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 Rent for apartment during session
	Complete ONLY if direct expenditure to benefit C/OF	andidate/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 Offic/Awards/Memorials Expense Git/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 14/20 Rpt: 31/40	Harris, Cody J. (The Honorable)	00082156						
4	Date								
	09/17/2024	Kerens Athletics Booster Club							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$650.00	200 Bobcat Lane							
		Kerens, TX 75144							
8	DUDDOCE								
ð	PURPOSE OF	Advertising Expense (b) Description	putside of Texas. Complete Schedule T.						
	EXPENDITURE		TX, officeholder living expense						
		Campaign ad	vertising						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/15/2024	Mail Chimp							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$330.46	675 Ponce de Leon Ave NE, Ste 5000							
		Atlanta, GA 30308							
	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 Campaign email service 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/13/2024	Mail Chimp							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$330.46	675 Ponce de Leon Ave NE, Ste 5000							
		Atlanta, GA 30308							
	PURPOSE OF	(b) Description	nutrida of Touros, Complete Schedule T						
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense nail Service						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEG	ORIES FOR BC	X 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 nittee Legal Services The Instruction Guide explain	Office Overhead Polling Expense Printing Expens Salaries/Wages	Travel in District Travel Out of Dis Contract Labor OTHER (enter a	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 15/20 Rpt: 32/40	Harris, Cody J. (The Honorable)		00082156	
4	Date 09/16/2024	Payee name Jail Chimp			
6	Amount (\$) \$330.46	Payee address; City; Sta 375 Ponce de Leon Ave NE, Ste 500 Atlanta, GA 30308	te; Zip Code 00		
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule) (b)	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder living Campaign email service	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sought	Office he	eld
	Date	Payee name			
	08/05/2024	/lario's Mexican Grill			
	Amount (\$) \$243.23	Payee address; City; Sta .717 W Palestine Ave Palestine, TX 75803	te; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Food/Beverage Expense	schedule) (b)	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder living Dinner with Constituents	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sought	Office he	eld
	Date	Payee name			
	07/09/2024	Ioncada, Robert			
	Amount (\$) \$500.00	Payee address; City; Sta 510 W Rogers St	te; Zip Code		
		San Diego, TX 78384			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this : Salaries/Wages/Contract Labor	schedule) (b)	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder living Campaign contract labor	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sought	Office he	eld

			EXP	ENDITURE CA	TEGOR	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Legal Ser	erage Expense Is/Memorials Expens		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Travel in Distric Travel Out of Di	Equipm t istrict	g Expense ent & Related Expense ory not listed above)
1	Total pages Schedule F1:	2 FILER	NAME						3	Filer ID	(Eth	ics Commission Filers)
	Sch: 16/20 Rpt: 33/40			ne Honorable))					00082156		
4	Date 08/01/2024	5 Payee Monc	name ada, Robert									
6	Amount (\$) \$500.00	610 V	address; V Rogers St Diego, TX 783	City; 84	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		ory _(See Catego) ies/Wages/Co	ies listed at the top o ontract Labor	of this sche	edule)			, TX,	de of Texas. Con officeholder livin act labor		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholde	r name	O	office sou	ght			Office h	eld	
	Date	Payee	name									
	09/01/2024	Monc	ada, Robert									
	Amount (\$) \$500.00	-	address; V Rogers St	City;	State;	Zip Co	de					
		San E	Diego, TX 783	84								
	PURPOSE OF EXPENDITURE		ory _{(See Categor} ies/Wages/Co	ies listed at the top o ontract Labor	of this sche	edule)			, TX,	de of Texas. Con officeholder livin act labor		
	Complete ONLY if direct expenditure to benefit C/OF		ate/Officeholde	r name	0)ffice sou	ght			Office h	eld	
	Date	Payee	name									
	07/01/2024	Purpl	e Sage Strate	gies LLC								
	Amount (\$) \$1,000.00		address; Bryker Drive	City;	State;	Zip Co	de					
		Austii	n, TX 78703									
	PURPOSE OF EXPENDITURE		ory _{(See Categor} ulting Expens	ies listed at the top o	of this sche	edule)			, TX,	de of Texas. Con officeholder livin media mal	g exper	nse
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholde	r name	0	office sou	ght			Office h	eld	

			EXPENDITURE CATEGORIES	S FOR E	3OX 8(a)		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loa Fees Offi Food/Beverage Expense Poil Gift/Awards/Memorials Expense Prir Imittee Legal Services Sala 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			3	Filer ID (Ethics Commission Filers)									
	Sch: 17/20 Rpt: 34/40		Harris, Cody J. (The Honorable)				00082156									
4	Date 08/02/2024	5	Payee name Purple Sage Strategies LLC													
6	Amount (\$)	7	Payee address; City; State; Zi	ip Code	<u>;</u>											
	\$1,000.00 3002 Bryker Drive															
			Austin, TX 78703													
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description (check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign social media management															
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e sough	t		Office held									
	Date		Payee name													
	09/02/2024		Purple Sage Strategies LLC													
	Amount (\$)		Payee address; City; State; Zi	ip Code	9											
	\$1,000.00		3002 Bryker Drive													
			Austin, TX 78703													
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Consulting Expense	_{?)} (k	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense I media management									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	t		Office held									
	Date		Payee name													
	07/05/2024		Southwest Airlines													
	Amount (\$) \$253.98		Payee address; City; State; Zij 2702 Love Field Dr	ip Code	2											
			Dallas, TX 75235	i												
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Travel In District	_{≥)} (k	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense legislative meetings									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	t		Office held									

	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 Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						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: 18/20 Rpt: 35/40		Harris, Cody J. (The Honorable)					00082156		
4	Date	5	Payee name							
	07/05/2024		Southwest Airlines							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	ode					
	\$825.90		2702 Love Field Dr							
			Dallas, TX 75235							
_	DUDDOCE				(1)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(a)	Description	outoi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel In District					, officeholder living expense		
								energy policy meetings		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	07/22/2024		Switch Brick Oven Pizza & Wine Ba	r						
	Amount (\$)	┢	Payee address; City; Sta	ate; Zip C	ode					
	\$282.07		1615 S. Royall St							
	φ202.01									
			Palestine, TX 75801							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Dinner with C	2011	Isuluents		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	09/04/2024		Target							
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode					
	\$522.30		5621 N IH 35							
			Austin, TX 78723							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
					1	Campaign of	fice	e supplies		
					1					
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held		
	expenditure to benefit C/OI	Н								

	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	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: 19/20 Rpt: 36/40	Harris, Cody J. (The Honorable)	00082156			
4	Date 07/02/2024	Payee name Texans for Medical Freedom				
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1321 W Randol Mill Rd, Ste 2006 Arlington, TX 76012				
8	PURPOSE OF EXPENDITURE		iside of Texas. Complete Schedule T. X, officeholder living expense Iution			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/03/2024	The Storage Place				
	Amount (\$) \$89.00	Payee address; City; State; Zip Code 500 Court Dr				
		Palestine, TX 75803				
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense age rent			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held					
	Date	Payee name				
	08/02/2024	The Storage Place				
	Amount (\$) \$89.00	Payee address; City; State; Zip Code 500 Court Dr				
		Palestine, TX 75803				
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage rent			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Candidate/Officeholder/ Credit Card Payment					
1 Total pages Schedule	e F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 20/20 Rpt: 37					
4 Date	5 Payee name				
09/03/2024	The Storage Place				
6 Amount (\$) \$89	7 Payee address; City; State; Zip Code 9.00 9.01 Palestine, TX 75803				
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 Campaign storage rent 				
9 Complete <u>ONLY</u> if direct expenditure to benefit	rect Candidate/Officeholder name Office sought Office held t C/OH				
Date	Payee name				
09/19/2024	VLK Productions				
Amount (\$) \$2,000	Payee address; City; State; Zip Code 0.00 1085 NE CR 3020 Kerens, TX 75144				
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 Campaign advertising 				
Complete <u>ONLY</u> if direction of the second s					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling F g - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense /Wages/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 G: Sch: 1/2 Rpt: 38/40	2 FILER NAME Harris, Cody J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082156	
4 Date 07/05/2024	5 Payee name Harris, Cody			
6 Amount (\$) \$1,506.16 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1007 N Mallard St Palestine, TX 75801			
8 PURPOSE OF EXPENDITURE			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense to attend meetings in the district (2299 mbursed by state.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held			
Date	Payee name			
07/19/2024	Harris, Cody			
Amount (\$) Payee address; City; State; Zip Code \$1,813.04 1007 N Mallard St				
X political contributions intended	Palestine, TX 75801			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense to attend meetings in the district (2768 mbursed by state.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
DatePayee name08/05/2024Harris, Cody				
Amount (\$) Payee address; City; State; Zip Code \$2,089.01 1007 N Mallard St				
X Reimbursement from political contributions intended	Palestine, TX 75801			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense to attend meetings in the district (3189 mbursed by state.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office OV Food/Beverage Expense Polling E: y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement /erhead/Rental Expense xpense Expense Wages/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 G: Sch: 2/2 Rpt: 39/40	2 FILER NAME Harris, Cody J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082156		
4	Date 09/03/2024	5 Payee name Harris, Cody				
6	Amount (\$) \$2,777.84 Reimbursement from	7 Payee address; City; State; Zip Code 1007 N Mallard St				
	X political contributions intended	Palestine, TX 75801				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense to attend meetings in the district (4241 mbursed by state.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T: Sch: 1/1 Rpt: 40/40		
2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Harris, Cody J.	Harris, Cody J. (The Honorable)		00082156			
4 Name of Contribut	tor / Corpora	ation or Labor Organ	ization / Pledgor /Paye	e		
Southwest Airlin	ies					
5 Contribution / Exp	enditure rep	ported on:				
Schedule A2	<u>Г</u> :	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel 7 Name of person(s) traveling						
	Harris, Cody					
	8 Departure city or name of departure location					
07/11/2024						
	9 Destina	ation city or name of	destination location			
07/12/2024						
10 Means of transpor	tation	11 Purpose of trave	el (including name of co	onference, seminar, or	r other event)	
Commercial Airp	olane	Travel to atter	nd energy policy mee	etings.		
Name of Contribut	tor / Corpora	ation or Labor Organ	ization / Pledgor /Paye	e		
Southwest Airlin	es					
Contribution / Exp	enditure rep	ported on:				
Schedule A2	:	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1
Schedule F2	:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel	Dates of Travel Name of person(s) traveling					
	Harris, Cody					
	Departure city or name of departure location					
07/16/2024	Austin	ı, TX				
	Destina	ation city or name of	destination location			
07/17/2024						
Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Commercial Airp	Commercial Airplane Travel to attend legislative meetings					
Name of Contribut	tor / Corpora	ation or Labor Organ	ization / Pledgor /Paye	е		
Southwest Airlin		0	<u> </u>			
Contribution / Exp	enditure rer	oorted on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
		of porcon(c) traveling	, ,			
Dates of Travel	Dates of Travel Name of person(s) traveling					
	Harris, Taylor					
07/11/2024	Departure city or name of departure location					
01111/2024	07/11/2024 Austin, TX					
07/10/0004	Destination city or name of destination location					
	07/12/2024 Denver, CO					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Commercial Airplane Travel to attend energy policy meetings.						