FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088096 3 COMMITTEE NAME **OFFICE USE ONLY** Agave Democratic Infrastructure Fund Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 50317 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78763 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Nathan NAME NICKNAME LAST **SUFFIX** Ryan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1307 West 39th 1/2 Street STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1307 West 39th 1/2 Street MAILING **ADDRESS** Austin, TX 78756 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (661) 904-4013 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID (Ethics Commission Filers) | | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------|--|--|
| Agave Democratic Infra | structure Fund | | 00088096 | 6 | | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Jennie Birkholz State Repres | entative | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 | | |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 11,364.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 0.00 | | |
| | 4. TOTAL POLITICA | \$ | 304,040.50 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 332,412.78 | | |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 | | |
| 16 AFFIDAVIT | | | <u> </u> | | | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | | | |
| | | Mr. Nath | nan Ryan | | | |
| | | Signature of Car | mpaign Treas | urer | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | | |
| Sworn to and subscribed | before me, by the said | , th | nis the | day | | |
| of | _, 20, to certify | which, witness my hand and seal of office. | | | | |
| Signature of officer ad | lministering oath | Printed name of officer administering oath | Title of off | icer administering oath | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

| | | | | | | Page 3 of 39 |
|---------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|--------------|------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Agave Democratic Infra | structure Fund | | | | 00088096 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates | A. Supported | Ebony Turner | State Representa | ntive | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | 4 of 39 | | | | | |
|-------------------------|----------------------------------------------------------------------------------|-----------------------------|----------------------------|--|--|--|--|--|
| 17 COMMITTI Agave De | EE NAME mocratic Infrastructure Fund | 18 Filer ID 00088096 | (Ethics Commission Filers) | | | | | |
| | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 11,364.00 | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. | 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | | | | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | | | | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | | | | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | | | | |
| 9. | SCHEDULE E: LOANS | | \$ | | | | | |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 304,040.50 | | | | | |
| 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 14. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | | | |
| | | | | | | | | |
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| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|----------------|-------------------------------------------------|------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 1/20 Rpt: 5/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | on Filers) |
| 4 | Date 08/06/2024 | 6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) | \$5.00 |
| 8 | Principal occu Not employe | Ovilla, TX 75154 pation / Job title (See Instructions) d | 9 | Employer (See Instructions Not employed | <u> </u> s) | | |
| | Date 09/10/2024 | Full name of contributor Ana Hernandez Campaign Contributor address; City; Sta | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Houston, TX 77251 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Date 09/23/2024 | Full name of contributor Avey, Ethan Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Unemployee | Austin, TX 78703 pation / Job title (See Instructions) | | Employer (See Instructions Unemployed | <u> </u> s) | | |
| | Date 08/21/2024 | Full name of contributor Baskin, Bonnie Contributor address; City; Sta Johnson City, TX 78636 | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/20/2024 | Full name of contributor Berry, Ben Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | S | | SCHEDULI | ■ A1 |
|---|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------|----------|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to | complete this forn | n. | 1 | Total pages Schedule A1: Sch: 2/20 Rpt: 6/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | Filers) |
| 4 | Date 08/28/2024 | Bowden, Sally | out-of-state PAC (ID#: Zip Code | | 7 | Amount of Contribution (\$) | \$20.00 |
| 8 | Principal occur | New York, NY 10003 pation / Job title (See Instructions) | l ₉ | Employer (See Instructions |) | | |
| ٠ | Not Employe | | | Not Employed | ') | | |
| | Date 09/16/2024 | Bowden, Sally Contributor address; City; State; 2 | |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | New York, NY 10003 pation / Job title (See Instructions) | | Employer (See Instructions | <u>.</u> | | |
| | Not Employed | | | Not Employed | , | | |
| | Date 08/30/2024 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | | Fort Worth, TX 76112 | | | | | |
| | Principal occu Wine Mercha | pation / Job title (See Instructions) ant | | Employer (See Instructions Mr. | () | | |
| | Date 08/31/2024 | Full name of contributor | out-of-state PAC (ID#: Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Wine Mercha | pation / Job title (See Instructions) ant | | Employer (See Instructions Mr. | 5) | | |
| | Date 08/29/2024 | Full name of contributor Grownscombe, Tom Contributor address; City; State; 2 Houston, TX 77005 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | F76 | | | 1.27.5 | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ΓΙΟΝ | IS | | SCHEDUL | E A1 |
|---|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------|---------|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to complete th | is for | m. | 1 | Total pages Schedule A1: Sch: 3/20 Rpt: 7/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/06/2024 | Full name of contributor out-of-state PAC (I Bunton, Evelyn Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occur | Pflugerville, TX 78660 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Not Employe | | | Not Employed | -, | | |
| | Date 08/16/2024 | Full name of contributor out-of-state PAC (I Bunton, Evelyn Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$10.00 |
| | Deinsinal assu | Pflugerville, TX 78660 | | Franksian (Cookanations | <u></u> | | |
| | Principal occupation / Job title (See Instructions) Not Employed | | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/06/2024 | Full name of contributor out-of-state PAC (I Bush, Robert Contributor address; City; State; Zip Code | ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Mt Pleasant, TX 75455 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | s) | | |
| | Date 08/15/2024 | Full name of contributor out-of-state PAC (I Byrne, William Contributor address; City; State; Zip Code San Jose, CA 95126 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions NVIDIA | 5) | | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (I Carsrud, Alan Contributor address; City; State; Zip Code Spicewood, TX 78669 | | | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
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| | MONET | ARY POLITICAL COI | NTRIBUTION | S | | SCHEDUL | E A1 |
|---|------------------------------|---------------------------------------------------------|------------------------------------|----------------------------------------------------|---|-------------------------------------------------|-------------|
| | The Instru | ction Guide explains how to o | complete this forn | n. | 1 | Total pages Schedule A1: Sch: 4/20 Rpt: 8/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/07/2024 | Chang, Yen | out-of-state PAC (ID#: Zip Code |) | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | | Leander, TX 78641 | | | | | |
| 8 | Principal occu Apple Inc. | pation / Job title (See Instructions) | | Employer (See Instructions Learning designer |) | | |
| | Date 08/31/2024 | Copeland, Harold Contributor address; City; State; 2 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Houston, TX 77263 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Not Employed | | | Not Employed | • | | |
| | Date 08/07/2024 | Full name of contributor | out-of-state PAC (ID#: Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78240 | | | | | |
| | Principal occu Analyst | pation / Job title (See Instructions) | | Employer (See Instructions Wells Fargo |) | | |
| | Date 09/21/2024 | Full name of contributor | out-of-state PAC (ID#: Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu writer | pation / Job title (See Instructions) | | Employer (See Instructions self |) | | |
| | Date 08/05/2024 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions Windblown Internet, LLC | | | |
| | - CACCALIVO | | | da.o internet, EEC | | | |

| | MONET | ARY POLITICAL CONTR | RIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------|---|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to com | plete this forr | n. | 1 | Total pages Schedule A1: Sch: 5/20 Rpt: 9/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commissio 00088096 | n Filers) |
| 4 | Date 09/10/2024 | Full name of contributor out-of-serin Zwiener for Texas House Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | | Driftwood, TX 78619 | 1- | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 08/05/2024 | Full name of contributor out-of-s Erman, Robert Contributor address; City; State; Zip Co | | | | Amount of Contribution (\$) | \$5.00 |
| | D: : 1 | Bridgeport, CT 06604 | 1 | | | | |
| | Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed |) | | |
| | Date 09/05/2024 | Full name of contributor out-of-s Erman, Robert Contributor address; City; State; Zip Co | state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | | Bridgeport, CT 06604 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed |) | | |
| | Date 08/29/2024 | Fleming, Delryn | state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | Date 09/10/2024 | Full name of contributor out-of-s Gamez, Erin Elizabeth Contributor address; City; State; Zip Co | state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Law Ofc of Ernesto Gan | | ., Jr., PC | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ΓΙΟΝ | IS | | SCHEDUL | E A1 |
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| | The Instru | ction Guide explains how to complete th | is for | m. | 1 | Total pages Schedule A1: Sch: 6/20 Rpt: 10/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/14/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$5.00 |
| 8 | Principal occu | Corpus Christi, TX 78418 pation / Job title (See Instructions) | 9 | Employer (See Instructions | ;) | | |
| | Not employe Date 08/21/2024 | Full name of contributor out-of-state PAC (I Haltom, Barry Contributor address; City; State; Zip Code | | Not employed | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not employe | Corpus Christi, TX 78418 pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | <u> </u> 5) | | |
| | Date 08/06/2024 | Full name of contributor out-of-state PAC (I Haram, Michele Contributor address; City; State; Zip Code | ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78749 pation / Job title (See Instructions) | | Employer (See Instructions | - s) | | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (I | | Not Employed | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Recording A | pation / Job title (See Instructions) rtist | | Employer (See Instructions Self | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Henley, Donald Contributor address; City; State; Zip Code Charlottesville, VA 22903 | | | Amount of Contribution (\$) | \$250.00 | | |
| | Principal occu Recording A | pation / Job title (See Instructions) rtist | | Employer (See Instructions Self | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRI | S | SCHEDULE A1 | | | |
|---|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|----------------|--------------------------------------------------|------------|
| | The Instru | ction Guide explains how to comple | ete this forn | n. | 1 | Total pages Schedule A1: Sch: 7/20 Rpt: 11/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | on Filers) |
| 4 | Date 09/20/2024 | Full name of contributor out-of-state Henley, Donald Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu | Charlottesville, VA 22903 pation / Job title (See Instructions) | la la | Employer (See Instructions | ·/ | | |
| 0 | Recording A | | 3 | Self |)) | | |
| | Date 09/06/2024 | Hertzmark, Ellen Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | New York, NY 10033 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | statistician | , | | harvard university | , | | |
| | Date 09/10/2024 | Full name of contributor | e PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Galveston, TX 77551 | | | | | |
| | Principal occu systems & da | pation / Job title (See Instructions) ata analyst | | Employer (See Instructions The Boeing Company | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | |) | | Amount of Contribution (\$) | \$3.00 |
| | Principal occu SW Develop | pation / Job title (See Instructions) er | | Employer (See Instructions USAA | 5) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state John Bucy Campaign Contributor address; City; State; Zip Code Austin, TX 78767 | e PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | l . | | | | |

| | MONET | ARY POLITICAL CONTRIE | BUTION | IS | | SCHEDUL | E A1 |
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| | The Instru | ction Guide explains how to comple | te this for | n. | 1 | Total pages Schedule A1: Sch: 8/20 Rpt: 12/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 09/14/2024 | Full name of contributor out-of-state Joseph, Robert Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Tomball, TX 77375 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 08/06/2024 | Full name of contributor out-of-state Kozma, Andrew Contributor address; City; State; Zip Code | - |) | • | Amount of Contribution (\$) | \$10.00 |
| | 5 | Houston, TX 77019 | | | <u></u> | | |
| | Principal occupation / Job title (See Instructions) Adjunct Professor | | | Employer (See Instructions University of Houston | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID 09/08/2024 Kozma, Andrew Contributor address; City; State; Zip Code | | DAC (ID#: | orniversity of Floduction | Г | Amount of Contribution (\$) | |
| | | | | | | (*) | \$10.00 |
| | | Houston, TX 77019 | | | | | |
| | Principal occu Adjunct Profe | pation / Job title (See Instructions) essor | | Employer (See Instructions University of Houston | 5) | | |
| | Date Full name of contributor out-of-state P 09/16/2024 Kozma, Andrew | | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Adjunct Profe | Houston, TX 77019 pation / Job title (See Instructions) essor | | Employer (See Instructions) University of Houston | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/07/2024 Leaf, Erika Contributor address; City; State; Zip Code Eugene, OR 97405 | | | Amount of Contribution (\$) | \$100.00 | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | pioye | - | | | | | |

| | MONEI | ARY POLITICAL C | CONTRIBUTION | NS | | SCHEDUL | E A1 |
|--------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|----------------|--------------------------------------------------|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 9/20 Rpt: 13/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/07/2024 | 5 Full name of contributor Leaf, Erika6 Contributor address; City; St | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu Not Employe | Eugene, OR 97405 pation / Job title (See Instructionsed |) 9 | Employer (See Instructions Not Employed | <u> </u> s) | | |
| | Date 09/07/2024 | Full name of contributor Leaf, Erika Contributor address; City; St Eugene, OR 97405 | out-of-state PAC (ID#: ate; Zip Code | | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occupation / Job title (See Instructions) Employer | | Employer (See Instructions Not Employed | <u> </u> s) | | | |
| | Date 09/15/2024 | Full name of contributor Lout, Sharon Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$25.00 |
| | Driverine Leave | Houston, TX 77018 | , I | Faralayay (Can Instructions | <u></u> | | |
| | Not employe | pation / Job title (See Instructions d |) | Employer (See Instructions Not employed | s) | | |
| Date 09/02/2024 | | Full name of contributor MCDOWELL, JOHNNIE Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | Leander, TX 78641 pation / Job title (See Instructionsed |) | Employer (See Instructions Not Employed | <u> </u> s) | | |
| | Date 08/16/2024 | Full name of contributor McAuliffe, Keith Contributor address; City; St Bellaire, TX 77401 | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Engineer | pation / Job title (See Instructions |) | Employer (See Instructions Hewlett Packard Enterp | | 9 | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| IS | SCHEDULE A1 | | | | |
|---|-------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|--------------------------------------------|--------|---------------------------------------------------|-----------|
| | The Instru | ction Guide explains how | to complete this f | orr | n. | 1 | Total pages Schedule A1: Sch: 10/20 Rpt: 14/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/21/2024 | 5 Full name of contributor McCormick, Chip6 Contributor address; City; St | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78731 | | | | | | |
| 8 | Principal occu Construction | pation / Job title (See Instructions Manager | 5) | 9 | Employer (See Instructions self | 5) | | |
| | Date 09/06/2024 | Full name of contributor McKelvain, William Contributor address; City; Si | out-of-state PAC (ID#:_ ate; Zip Code | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | San Marcos, TX 78666-5: pation / Job title (See Instructions | | | Employer (See Instructions | ;) | | |
| | Professor | panon, dos uno (eco mendenone | ,, | | Texas State University | -, | | |
| | Date 09/01/2024 | Full name of contributor Midturi, Swaminadham Contributor address; City; Si | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$10.00 |
| | | Temple, TX 76502 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | s) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 09/14/2024 | Full name of contributor Mitchell, Shane Contributor address; City; St Boerne, TX 78015 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | s) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 07/03/2024 | Full name of contributor Morey, Roy Contributor address; City; Si | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | s) | | Employer (See Instructions Not Employed | s) | | |
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| | MONET | ARY POLITICAL CONTI | | SCHEDULE | ■ A1 | | |
|---|-------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|-------------|---------------------------------------------------|-----------|
| | The Instruc | ction Guide explains how to com | plete this forr | n. | 1 | Total pages Schedule A1: Sch: 11/20 Rpt: 15/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | ı Filers) |
| 4 | Date 08/07/2024 | Full name of contributor out-of-s Morey, Roy Contributor address; City; State; Zip Co | state PAC (ID#: ode |) | 7 | Amount of Contribution (\$) | \$6.00 |
| _ | <u> </u> | Fort Davis, TX 79734 | | | | | |
| 8 | Not Employe | pation / Job title (See Instructions) ed | 9 | Employer (See Instructions Not Employed | 5) | | |
| | Date 09/03/2024 | Full name of contributor out-of-s Morey, Roy Contributor address; City; State; Zip Co | | | | Amount of Contribution (\$) | \$6.00 |
| | Principal occu | Fort Davis, TX 79734 pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Not Employe | | | Not Employed | ') | | |
| | Date 08/02/2024 | Full name of contributor out-of-s Morris, Donna Contributor address; City; State; Zip Co | state PAC (ID#: ode | | | Amount of Contribution (\$) | \$25.00 |
| | | Houston, TX 77015 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | () | | |
| | Date 08/14/2024 | Morris, Donna | | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/02/2024 | Full name of contributor out-of-s Morrison, Mark Contributor address; City; State; Zip Co | state PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | i) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL CONTRIBU | | SCHEDULI | E A1 | | |
|---|-------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------|-------------|---------------------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 12/20 Rpt: 16/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/06/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | Deinsinal assu | Bulverde, TX 78163 | | Francisco (Coo Instructions | <u></u> | | |
| 8 | Not Employe | pation / Job title (See Instructions) ed | l ⁹ | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/27/2024 | Full name of contributor out-of-state PA Morrison, Mark Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$10.00 |
| | | Bulverde, TX 78163 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | s) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PA Morrison, Mark Contributor address; City; State; Zip Code | AC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | Bulverde, TX 78163 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | S) | | |
| | Date 08/21/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed | 5) | | |
| | Date 09/04/2024 | Full name of contributor out-of-state PA Musselman, KT Contributor address; City; State; Zip Code Austin, TX 78717 | AC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions Williamson County | 5) | | |
| | JUSTICE OF LIFE | | | williamson County | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | | SCHEDUL | E A1 | | |
|---|-------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------|-------------|---------------------------------------------------|-----------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 13/20 Rpt: 17/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 08/07/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Manassas, VA 20110 pation / Job title (See Instructions) | ام | Employer (See Instructions | | | |
| 0 | Music Instruc | | | Self | >) | | |
| | Date 09/23/2024 | Full name of contributor out-of-state PAC (ID: Ohlendorf, George Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$5.00 |
| | Delicalization | Georgetown, TX 78628 | | Frankrije (Ozakativation | | | |
| | Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/06/2024 | Full name of contributor out-of-state PAC (ID: Orr, Carla Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | Saint Jo, TX 76265 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | s) | | |
| | Date 07/10/2024 | Full name of contributor out-of-state PAC (ID: Pyle, Suanne Contributor address; City; State; Zip Code Boerne, TX 78006 | | | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/10/2024 | Full name of contributor out-of-state PAC (ID: Pyle, Suanne Contributor address; City; State; Zip Code Boerne, TX 78006 | | | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONT | S | | SCHEDULI | E A1 | |
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| | The Instruc | ction Guide explains how to con | nplete this forr | n. | 1 | Total pages Schedule A1: Sch: 14/20 Rpt: 18/39 | |
| 2 | FILER NAME Agave Demo | cratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 09/10/2024 | Full name of contributor out-of out | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | Dringing aggr | Boerne, TX 78006 | lo. | Employer (See Instructions | _ | | |
| 8 | Not Employe | pation / Job title (See Instructions) d | 9 | Not Employed | ') | | |
| | Date 08/24/2024 | Full name of contributor out-of Raskin, Ilya Contributor address; City; State; Zip C | | | | Amount of Contribution (\$) | \$25.00 |
| | | Chicago, IL 60610 | | | | | |
| | Principal occur Software Eng | pation / Job title (See Instructions) gineer | | Employer (See Instructions Google | i) | | |
| | Date 08/19/2024 | Full name of contributor out-of Reilly, Joe Contributor address; City; State; Zip C | f-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | | Temple, TX 76502 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | i) | | |
| | Date 08/29/2024 | Resendez, Joe | f-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | Date 09/24/2024 | Reynolds, Chuck | f-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Scientist | pation / Job title (See Instructions) | | Employer (See Instructions Gfree Bio | i) | | |
| | | | · | | | | |

| | MONET | ARY POLITICAL C | NS | | SCHEDUI | LE A1 | |
|---|--------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|---------|---------------------------------------------------|------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 15/20 Rpt: 19/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | on Filers) |
| 4 | Date 08/20/2024 | 5 Full name of contributor Rodriguez, Norma6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78201 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions ed | 9 | Employer (See Instruction Not Employed | s) | | |
| | Date 09/20/2024 | Full name of contributor Rodriguez, Norma Contributor address; City; St | |) | | Amount of Contribution (\$) | \$6.00 |
| | Principal occu | San Antonio, TX 78201 pation / Job title (See Instructions | s) | Employer (See Instruction | s) | | |
| | Not Employe | | | Not Employed | | | |
| | Date 08/02/2024 | Full name of contributor STAROPOLI, JOHN Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | | Boston, MA 02199 | | | | | |
| | Principal occu physician-sc | pation / Job title (See Instructions ientist |) | Employer (See Instruction Vertex Pharmaceuticals | | | |
| | Date 09/02/2024 | Full name of contributor Sachter, Joseph Contributor address; City; St Bronx, NY 10471-1804 | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions |) | Employer (See Instruction Not Employed | s) | | |
| | Date 09/25/2024 | Full name of contributor Sarah Eckhardt Campaigi Contributor address; City; St Austin, TX 78703 | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instruction | s) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBU | | SCHEDUL | E A1 | | |
|---|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------|-------------|---------------------------------------------------|-----------|
| | The Instruc | ction Guide explains how to complete t | this for | m. | 1 | Total pages Schedule A1: Sch: 16/20 Rpt: 20/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 09/08/2024 | Full name of contributor out-of-state PAC Sawyer, Jeanette Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$5.00 |
| 8 | Principal occur | San Antonio, TX 78209 pation / Job title (See Instructions) | 9 | Employer (See Instructions | ?) | | |
| Ŭ | Not Employe | | | Not Employed | , | | |
| | Date 09/23/2024 | Full name of contributor out-of-state PAC Scott, Catherine Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occur | Belmont, MA 02478 pation / Job title (See Instructions) | | Employer (See Instructions | ·) | | |
| | Writer/teach | | | Self | " | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/09/2024 Seifert, Saundra Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 | | |
| | | San Angelo, TX 76901 | | | | | |
| | Principal occu Pediatrician | pation / Job title (See Instructions) | | Employer (See Instructions Shannon Clinic | s) | | |
| | Date 09/14/2024 | Full name of contributor out-of-state PAC Smith, William Contributor address; City; State; Zip Code Houston, TX 77008 | |) | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/27/2024 | Full name of contributor out-of-state PAC Sterling, Karen Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL (| | SCHEDUL | E A1 | | |
|---|-------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-------------|---------------------------------------------------|-----------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 17/20 Rpt: 21/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | 3 | Filer ID (Ethics Commission 00088096 | n Filers) |
| 4 | Date 07/06/2024 | 5 Full name of contributorStone, Deborah6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$20.00 |
| | | Austin, TX 78727 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions ed | 9 | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/02/2024 | Full name of contributor Sussman, William Contributor address; City; St | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | New York, NY 10023 pation / Job title (See Instructions | s) | Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 08/22/2024 | Full name of contributor TOLENTINO, JANE Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$5.00 |
| | | Campbell, CA 95008 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | (3) | Employer (See Instructions Not Employed | s) | | |
| | Date 08/06/2024 | Full name of contributor Takahashi, Russell Contributor address; City; St | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | 5) | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/30/2024 | Full name of contributor Tanedo, Philip Contributor address; City; St Los Angeles, CA 90066 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Professor | pation / Job title (See Instructions | s) | Employer (See Instructions UC RIVERSIDE | 5) | | |
| | | | ' | | | | |

| | MONET | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUI | E A1 |
|---|-------------------------------|----------------------------------------------------------------------------------------------------------|------------------------|----|----------------------------------------------|--------|---------------------------------------------------|------------|
| | The Instru | ction Guide explains how | to complete this for | rn | 1. | 1 | Total pages Schedule A1: Sch: 18/20 Rpt: 22/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | | 3 | Filer ID (Ethics Commission 00088096 | on Filers) |
| 4 | Date 09/08/2024 | 5 Full name of contributor Thompson, Jerry6 Contributor address; City; St | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$1.00 |
| | | Bedford, TX 76022 | | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions ed | 9 | | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/20/2024 | Full name of contributor Tizard, Claire Contributor address; City; St | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | College Station, TX 77840 pation / Job title (See Instructions | | | Employer (See Instructions | ;) | | |
| | Not Employe | | , | | Not Employed | , | | |
| | Date 09/10/2024 | Full name of contributor Turner, Chris Contributor address; City; St | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,000.00 |
| | | Grand Prairie, TX 75054 | | | | | | |
| | Principal occu State Rep | pation / Job title (See Instructions | (3) | | Employer (See Instructions Texas | 5) | | |
| | Date 08/06/2024 | Full name of contributor WARDLAW, ANDREA Contributor address; City; St Cypress, TX 77429 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$100.00 |
| | ' | pation / Job title (See Instructions | 5) | | Employer (See Instructions HH OIL TOOLS INC. | 5) | | |
| | Date 08/20/2024 | Full name of contributor Walter, Christopher Contributor address; City; St Dallas, TX 75243-6153 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions | (3) | | Employer (See Instructions | ;) | | |
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| | MONET | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUI | LE A1 |
|---|-------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------|-----|-----------------------------------------------|-----------|---------------------------------------------------|--------------|
| | The Instru | ction Guide explains hov | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 19/20 Rpt: 23/39 | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | | | 3 | Filer ID (Ethics Commission 00088096 | on Filers) |
| 4 | Date 08/30/2024 | 5 Full name of contributor Wilkerson, D.6 Contributor address; City; S | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Tyler, TX 75711 | | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | 9 | Employer (See Instructions Not Employed | 5) | | |
| | Date 08/13/2024 | Full name of contributor Winkelman, Marc Contributor address; City; S | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78744 pation / Job title (See Instructions | s) | | Employer (See Instructions | <u>''</u> | | |
| | Executive | pation / Job title (See Instructions |) | | Calendar Services, Inc. | ·) | | |
| | Date 07/06/2024 | Full name of contributor Wulff, Bart Contributor address; City; S | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$100.00 |
| | | Dallas, TX 75209 | | | | | | |
| | Principal occu Lawyer | pation / Job title (See Instructions | s) | | Employer (See Instructions Koning Rubarts Ilp | 5) | | |
| | Date 08/03/2024 | Full name of contributor Yang, Jane Contributor address; City; S Oakland, CA 94611 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Fellow | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self-Employed | s) | | |
| | Date 08/08/2024 | Full name of contributor chase, scott Contributor address; City; S Dallas, TX 75208 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions self | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A1 | | | |
|---|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|---------------------------------------------------|---------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 20/20 Rpt: 24/39 | | |
| 2 | FILER NAME Agave Demo | ocratic Infrastructure Fund | | 3 | Filer ID (Ethics Commission 00088096 | Filers) | |
| 4 | Date 07/07/2024 | Full name of contributor out-of-state PAC (ID#:_laughlin, ginny Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$10.00 | |
| 8 | Principal occu | Richardson, TX 75080 upation / Job title (See Instructions) | 9 Employer (See Instructions | ·, | | | |
| • | Real Estate | | Self | ·) | | | |
| | Date 08/07/2024 | Full name of contributor out-of-state PAC (ID#:_laughlin, ginny Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu | Richardson, TX 75080 upation / Job title (See Instructions) | Employer (See Instructions | ·) | | | |
| | Real Estate | | Self | ') | | | |
| | Date 09/07/2024 | Full name of contributor out-of-state PAC (ID#:_ laughlin, ginny Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 | |
| | | Richardson, TX 75080 | | | | | |
| | Principal occu Real Estate | ıpation / Job title (See Instructions) Broker | Employer (See Instructions Self | 5) | | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID#:_sheikholeslami, bahram Contributor address; City; State; Zip Code Houston, TX 77079 | | | Amount of Contribution (\$) | \$5.00 | |
| | Principal occu Not Employe | upation / Job title (See Instructions) ed | Employer (See Instructions Not Employed | 5) | | | |
| | | | | | | | |

SCHEDULE F1

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

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/15 Rpt: 25/39 | Agave Democratic Infrastructure Fund 00088096 |
| 4 Date | 5 Payee name |
| 07/07/2024 | ActBlue |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$10.08 | 366 Summer Street |
| | |
| Expenditure from corporate funds | Somerville, MA 02144 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Credit Card Processing Fee |
| | Grount Gara i 100000mg i 00 |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 07/14/2024 | ActBlue |
| | |
| Amount (\$) | Payee address; City; State; Zip Code 366 Summer Street |
| \$0.40 | 300 Summer Street |
| Expenditure from corporate funds | Somerville, MA 02144 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Credit Card Processing Fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit or or | |
| Date | Payee name |
| 08/04/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$19.76 | 366 Summer Street |
| | |
| Expenditure from corporate funds | Somerville, MA 02144 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| LA LADITORL | Check if Austin, TX, officeholder living expense |
| | Credit Card Processing Fee |
| Complete ONLY & direct | Condidate/Officeholder name Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/15 Rpt: 26/39 | Agave Democratic Infrastructure Fund 00088096 |
| 4 Date | 5 Payee name |
| 08/11/2024 | ActBlue |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$22.62 | 366 Summer Street |
| Expenditure from | |
| corporate funds | Somerville, MA 02144 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Credit Card Processing Fee |
| | Great Cara Frocessing Fee |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Dougo nomo |
| | Payee name |
| 08/18/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$45.44 | 366 Summer Street |
| Expenditure from | |
| corporate funds | Somerville, MA 02144 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Cradit Cord Processing Foe |
| | Credit Card Processing Fee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| D-4- | |
| Date | Payee name |
| 08/25/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$25.72 | 366 Summer Street |
| Expenditure from | |
| corporate funds | Somerville, MA 02144 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Credit Card Processing Fee |
| | Greatt Cara Processing Fee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 3/15 Rpt: 27/39 | Agave Democratic Infrastructure Fund 00088096 | |
| 4 Date | 5 Payee name | |
| 09/01/2024 | ActBlue | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$9.92 | 366 Summer Street | |
| - " | | |
| Expenditure from corporate funds | Somerville, MA 02144 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Credit Card Processing Fee | |
| | Great Gard Frocessing Fee | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | | |
| | | |
| Date | Payee name | |
| 09/08/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$13.15 | 366 Summer Street | |
| | | |
| Expenditure from corporate funds | Somerville, MA 02144 | |
| PURPOSE | (b) Description | |
| OF | Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Credit Card Processing Fee | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | H | |
| Date | Payee name | |
| 09/15/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$210.83 | 366 Summer Street | |
| Φ210.03 | 500 Summer Street | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| - | Check if Austin, TX, officeholder living expense Credit Card Processing Fee | |
| | Cledit Cald Flocessing Fee | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | |
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SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide | | | xpens Vages | e /Contract Labor | | Travel in District Travel Out of District OTHER (enter a c | rict ategory not listed above) |
|---|---------------------------------------------------------------------------------------------------------|-----|----------------|------------------------------------------------------------------------------------------------|----------------|-----------|------------------|----------------------|-----|------------------------------------------------------------|-----------------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/15 Rpt: 28/39 | | Agave Dem | ocratic Infrastructu | re Fund | | | | | 00088096 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| L | 09/22/2024 | | ActBlue | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | ode | | | | |
| | \$44.61 | | 366 Summe | er Street | | | | | | | |
| | Expenditure from corporate funds | | Somerville, | MA 02144 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at the to | p of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | Fees | | | | | = | | de of Texas. Compl | |
| | | | | | | | | Credit Card P | | officeholder living e | expense |
| | | | | | | | | Sicult Calu P | 100 | coomy ree | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder name | 0 | ffice sou | <u>l</u> ıght | | | Office hel | d |
| | expenditure to benefit C/OF | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 08/29/2024 | | Amalgamat | ed Bank | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | ode | | | | |
| | \$2.21 | | 275 Sevent | h Avenue | | | | | | | |
| | - Formandia or Cons | | | | | | | | | | |
| | Expenditure from corporate funds | | New York, I | NY 10001 | | | | | _ | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the to | p of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | Accounting/ | | | | | = | | de of Texas. Compl | |
| | | | | | | | | Bank Fee | ıx, | officeholder living e | expense |
| | | | | | | | | 24100 | | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Offi | ceholder name | 0 | ffice sou | ight | | | Office hel | d |
| | Date | | Payee name | | | | | | | | |
| | 07/26/2024 | | Amalgamat | ed Bank | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | ode | | | | |
| | \$33.63 | | 275 Sevent | h Avenue | | | | | | | |
| | - Evpanditura franc | | | | | | | | | | |
| | Expenditure from corporate funds | | New York, I | NY 10001 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the to | p of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | Accounting/ | /Banking | | | | 브 | | de of Texas. Compl | |
| | | | | | | | | Bank Fee | ıx, | officeholder living e | expense |
| | | | | | | | | Daint 1 CC | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | 0 | ffice sou | l Jght | | | Office hel | d |
| | expenditure to benefit C/OF | | | | Ü | 000 | g | | | 200 .101 | - |
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SCHEDULE F1

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

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| Sch: 5/15 Rpt: 29/39 | Agave Democratic Infrastructure Fund 00088096 | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 09/26/2024 | Amalgamated Bank | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| \$1.50 | 275 Seventh Avenue | | | | | | | |
| Expenditure from corporate funds | New York, NY 10001 | | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Bank Fee | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | |
| Date | Payee name | | | | | | | |
| 09/04/2024 | Brady & Peavey PC | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$1,800.00 | 1122 Colorado St | | | | | | | |
| Ψ1,000.00 | 1122 Goldfadd Gl | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | Legal Services Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| LAI LIIDITORE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Legal Counsel Retainer | | | | | | | |
| | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | |
| Date | Payee name | | | | | | | |
| 07/23/2024 | Brady & Peavey PC | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$1,800.00 | 1122 Colorado St | | | | | | | |
| . , | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | Legal Services Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Legal Counsel Retainer | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/O | | | | | | | | |
| | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 6/15 Rpt: 30/39 | Agave Democratic Infrastructure Fund 00088096 | | | | | |
| - | | | | | | |
| 09/26/2024 | 5 Payee name Brady & Peavey PC | | | | | |
| | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$1,800.00 | 1122 Colorado St | | | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Legal Services Check if travel outside of Texas. Complete Schedule T. | | | | | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | | | | | |
| | Legal Counsel Retainer | | | | | |
| | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | |
| Date | Payee name | | | | | |
| 08/13/2024 | Englander, Emily | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$1,750.00 | 1111 Elizabeth Blvd | | | | | |
| . , | | | | | | |
| Expenditure from corporate funds | Fort Worth, TX 76110 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | Check if Austin, TX, officeholder living expense Compliance Consulting | | | | | |
| | Compliance Consulting | | | | | |
| One what ONE With the st | Our field to 10ff and hald an array of the second to | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | | |
| experientare to serious eye. | | | | | | |
| Date | Payee name | | | | | |
| 09/19/2024 | Frederick Polls | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$6,500.00 | 350 South 200 East #722 | | | | | |
| · | | | | | | |
| Expenditure from corporate funds | Salt Lake City, UT 84111 | | | | | |
| | <u> </u> | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | In-Kind Poll for HD 96 | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | y | | | | | |
| | | | | | | |
| | | | | | | |
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SCHEDULE F1

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

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/15 Rpt: 31/39 | Agave Democratic Infrastructure Fund 00088096 |
| 4 Date | 5 Payee name |
| 09/19/2024 | Frederick Polls |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,500.00 | 350 South 200 East #722 |
| - 10. | |
| Expenditure from corporate funds | Salt Lake City, UT 84111 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | In-Kind Poll for HD 52 |
| | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/29/2024 | Meadowlark Strategies |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$6,500.00 | 112 SE 4th St |
| 40,000.00 | Unit 202 |
| Expenditure from | |
| corporate funds | Des Moines, IA 50309 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Email-Fundraising |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 07/17/2024 | Tacka Strategies LLC |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$4,000.00 | 99 Westedge St. Apt. 327 |
| + 1,223.00 | 0 r |
| Expenditure from corporate funds | Charleston, SC 29403 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Fundraising Consulting |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorare to benefit C/OI | |
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SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| Credit Card Payment | The Instruction Guide explains how to co | • | te this form. | | | | | |
|-----------------------------------------------------------|------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 8/15 Rpt: 32/39 | Agave Democratic Infrastructure Fund 00088096 | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 07/11/2024 | Tacka Strategies LLC | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | | | | | |
| \$5,324.91 | 99 Westedge St. Apt. 327 | | | | | | | |
| | | | | | | | | |
| Expenditure from corporate funds | Charleston, SC 29403 | | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | | | |
| EXPENDITURE | Consulting Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | ' | Fundraising Consulting | | | | | |
| | | | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sou | <u>I</u> ught | Office held | | | | | |
| Date | Payee name | | | | | | | |
| 08/30/2024 | Tacka Strategies LLC | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | | | | | |
| \$4,000.00 | 99 Westedge St. Apt. 327 | | | | | | | |
| . , | , | | | | | | | |
| Expenditure from corporate funds | Charleston, SC 29403 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | | | |
| OF EXPENDITURE | Consulting Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | | Fundraising Consulting | | | | | |
| | | | r ununulung Concurring | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | <u>l</u> ught | Office held | | | | | |
| Date | Payee name | | | | | | | |
| 09/26/2024 | Tacka Strategies LLC | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | | | | | |
| \$4,000.00 | 99 Westedge St. Apt. 327 | | | | | | | |
| . , | , | | | | | | | |
| Expenditure from corporate funds | Charleston, SC 29403 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | | | |
| OF EXPENDITURE | Consulting Expense | | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | | Check if Austin, TX, officeholder living expense Fundraising Consulting | | | | | |
| | | | . and along consulting | | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sou | labt | Office held | | | | | |
| expenditure to benefit C/O | | agrit | Office field | | | | | |
| | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | · · · · · · · · · · · · · · · · · · · |
| 1 Total pages Schedule F1: | |
| Sch: 9/15 Rpt: 33/39 | Agave Democratic Infrastructure Fund 00088096 |
| 4 Date | 5 Payee name |
| 07/08/2024 | Texas Democratic Party |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$19,145.00 | PO Box 15707 |
| | |
| Expenditure from corporate funds | Austin, TX 78761 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | Contribution |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientiale to beliefit 6/01 | ' |
| Date | Payee name |
| 08/13/2024 | Texas Democratic Party |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$24,145.00 | PO Box 15707 |
| | |
| Expenditure from corporate funds | Austin, TX 78761 |
| • | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Davisa nama |
| | Payee name Toyas Domogratic Party |
| 09/10/2024 | Texas Democratic Party |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$19,145.00 | PO Box 15707 |
| Expenditure from | |
| corporate funds | Austin, TX 78761 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXPENDITORE | Candidate/Officeholder/Political Committee |
| | Contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiolitie to belieff C/OI | 1 |
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| Forms provided by Tayas F | thics Commission Washing state by us Version V// 1.0 //8da51f |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 Total marca Cabadula F1. | 2 Files ID (Ethics Commission Files) |
| 1 Total pages Schedule F1: Sch: 10/15 Rpt: 34/39 | 2 FILER NAME Agave Democratic Infrastructure Fund 3 Filer ID (Ethics Commission Filers) 00088096 |
| 4 Date | 5 Payee name |
| 07/12/2024 | Texas Frontier Strategies LLC |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$15,000.00 | 2612 W 12TH ST |
| | UNIT 302 |
| Expenditure from | |
| corporate funds | Austin, TX 78703 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Salaries/Wages/Contract Labor |
| LXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Executive Director |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 07/15/2024 | Texas Frontier Strategies LLC |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | 2612 W 12TH ST |
| \$15,000.00 | |
| Expenditure from | UNIT 302 |
| corporate funds | Austin, TX 78703 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Executive Director |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 07/11/2024 | Texas Frontier Strategies LLC |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$15,000.00 | 2612 W 12TH ST |
| | UNIT 302 |
| Expenditure from corporate funds | Austin, TX 78703 |
| PURPOSE | I |
| OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Executive Director |
| | Excount Billotto |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiulture to beliefit C/OI | 1 |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | ittee L | Food/Beverage Gift/Awards/Me Legal Services The Instruct | morials Exper | | | Expens s/Wages | | | Travel in Distric Travel Out of D OTHER (enter | | ted above) |
|---|---------------------------------------------------------------------------------------------------------|-------------|-------------------------|-------------------------------------------------------------------|----------------|--------------|----------|-------------------|--------------|--------|------------------------------------------------------|-----------------|------------------|
| 1 | Total pages Schedule F1: | 2 FI | ILER NAME | | | | | | | 3 | Filer ID | (Ethics Con | nmission Filers) |
| | Sch: 11/15 Rpt: 35/39 | А | gave Demo | cratic Infr | astructure | e Fund | | | | | 00088096 | | |
| 4 | Date | 5 Pa | ayee name | | | | | | | | | | |
| | 07/16/2024 | Т | exas House | e Democra | atic Camp | oaign Co | ommitt | tee | | | | | |
| 6 | Amount (\$) | 7 Pa | ayee addres | s; City; | | State; | Zip C | Code | | | | | <u> </u> |
| | \$28,500.00 | P | .O. Box 30 | 0095 | | | | | | | | | |
| | Expenditure from corporate funds | А | ustin, TX 7 | 8703 | | | | | | | | | |
| 8 | PURPOSE | (a) C | ategory _{(See} | e Categories lis | ted at the top | of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | | ontribution | | | | | | = | | | nplete Schedule | Т. |
| | | l c | andidate/O | πıceholde | r/Political | Commi | ttee | | Contribution | ı, IX, | officeholder livir | ıy expense | |
| | | | | | | | | | Continuution | | | | |
| 9 | Complete ONLY if direct | l Cai | ndidate/Offic | eholder na | me | Ot | ffice so | l ought | | | Office h | neld | |
| | expenditure to benefit C/O | | | | | | | - 3 | | | | | |
| | Date | Pi | ayee name | | | | | | | | | | |
| | 08/23/2024 | T | exas House | e Democra | atic Camp | oaign Co | ommitt | tee | | | | | |
| | Amount (\$) | Pi | ayee addres | s; City; | | State; | Zip C | Code | | | | | |
| | \$28,500.00 | Р | .O. Box 30 | 0095 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Expenditure from corporate funds | A | ustin, TX 7 | 8703 | | | | | | | | | |
| | PURPOSE | (a) C | ategory _{(See} | Categories lis | ted at the top | of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | с | ontributions | s/Donatior | ıs Made I | Ву | | | = | | | mplete Schedule | T. |
| | | C | andidate/O | tticeholde | r/Political | Commi | ttee | | Contribution | ı, TX, | officeholder livir | ig expense | |
| | | | | | | | | | Continuution | | | | |
| | Complete ONLY if direct | | ndidate/Offic | eholder naı | me | Ot | ffice so | l ought | | | Office h | neld | |
| L | expenditure to benefit C/OI | H | | | | | | | | | | | |
| | Date | l | ayee name | | | | | | | | | | |
| | 09/26/2024 | T | exas House | e Democra | atic Camp | oaign Co | ommitt | tee | | _ | | | |
| | Amount (\$) | | ayee addres | | _ | State; | Zip C | Code | | | | | |
| | \$28,500.00 | P | .O. Box 30 | 0095 | | | | | | | | | |
| | Expenditure from corporate funds | A | ustin, TX 7 | 8703 | | | | | | | | | |
| | PURPOSE | (a) C | ategory (See | e Categories lis | ted at the top | of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | с | ontribution | s/Donatior | ns Made I | Ву | | | ш | | | mplete Schedule | Т. |
| | ZAI ENDITORE | C | andidate/O | fficeholde | r/Political | Commi | ttee | | ш | ı, TX, | officeholder livir | ng expense | |
| | | | | | | | | | Contribution | | | | |
| | Complete ONLY if direct | Cai | ndidate/Offic | eholder na | me | Of | ffice so | ought | | | Office h | neld | |
| | expenditure to benefit C/O | | | J.101401 1141 | | 01 | 00 30 | Jagin | | | 311100 1 | .c.u | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| 1 Total pages Schedule F1: | | | | | | | | | |
| Sch: 12/15 Rpt: 36/39 | Agave Democratic Infrastructure Fund 00088096 | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 08/30/2024 | Texas House Democratic Campaign Committee | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| \$9,500.00 | P.O. Box 300095 | | | | | | | | |
| 40,000.00 | 1.6.26. | | | | | | | | |
| Expenditure from | Aughin TV 70702 | | | | | | | | |
| corporate funds | Austin, TX 78703 | | | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | Candidate/Officeholder/Political Committee | | | | | | | | |
| | Contribution | | | | | | | | |
| | | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 07/16/2024 | Texas Way Strategies LLC | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| \$4,000.00 | 1621 E 6th St apt 1224 | | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78702 | | | | | | | | |
| • | | | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| | Political Consulting | | | | | | | | |
| | - Silliota Collictioning | | | | | | | | |
| Complete ONLV if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 07/16/2024 | Texas Way Strategies LLC | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| \$4,000.00 | 1621 E 6th St apt 1224 | | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78702 | | | | | | | | |
| PURPOSE | | | | | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expanse Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| | Political Consulting | | | | | | | | |
| | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| expenditure to benefit C/O | • • • • • • • • • • • • • • • • • • • | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense 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)

| Credit Card Payment | The Instruction Guide explains how to co | emplete this form. |
|---------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 13/15 Rpt: 37/39 | Agave Democratic Infrastructure Fund | 00088096 |
| 4 Date | 5 Payee name | • |
| 07/03/2024 | Van Ness Creative Strategies | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$15,000.00 | ONE HUNTINGTON QUADRANGLE STE 3NO | 05 |
| | | |
| Expenditure from corporate funds | Melville, NY 11747 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense In-Kind Digital Support for Flip Texas Blue Fund |
| | | III-Mild Digital Support for Flip Texas Blue Fund |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | laht Office held |
| expenditure to benefit C/OI | | Ginee Held |
| Date | Payee name | |
| 07/19/2024 | Van Ness Creative Strategies | |
| Amount (\$) | Payee address; City; State; Zip Co | nde |
| \$6,444.05 | ONE HUNTINGTON QUADRANGLE STE 3NO | |
| Ψ0,444.03 | ONE HOW INCOME OF SITE SING | ,, |
| Expenditure from corporate funds | Melville, NY 11747 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | , | Check if Austin, TX, officeholder living expense |
| | | In-Kind Digital Support for Flip Texas Blue Fund |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | nght Office held |
| | | |
| Date | Payee name | |
| 08/20/2024 | Van Ness Creative Strategies | |
| Amount (\$) | Payee address; City; State; Zip Co | |
| \$5,000.00 | ONE HUNTINGTON QUADRANGLE STE 3NO | 05 |
| Expenditure from | | |
| corporate funds | Melville, NY 11747 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense In-Kind Digital Support for Flip Texas Blue Fund |
| | | in tand Digital Support for Filip Texas Dide Fullu |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sou | laht Office held |
| expenditure to benefit C/OI | | 55 Hold |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

| Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | | | | | | | | | | | |
| Sch: 14/15 Rpt: 38/39 | Agave Democratic Infrastructure Fund 00088096 | | | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | | | |
| 09/13/2024 | Van Ness Creative Strategies | | | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| \$1,979.86 | ONE HUNTINGTON QUADRANGLE STE 3N05 | | | | | | | | | | |
| | Evpanditure from | | | | | | | | | | |
| Expenditure from corporate funds | Melville, NY 11747 | | | | | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | In-Kind Digital Support for Flip Texas Blue Fund | | | | | | | | | | |
| | | | | | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H | | | | | | | | | | |
| Date | Payee name | | | | | | | | | | |
| 09/13/2024 | Van Ness Creative Strategies | | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| \$6,761.53 | | | | | | | | | | | |
| * - 1 | | | | | | | | | | | |
| Expenditure from corporate funds Melville, NY 11747 | | | | | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | In-Kind Digital Support for Flip Texas Blue Fund | | | | | | | | | | |
| | In tailed Digital Support for this Total Diag t and | | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| expenditure to benefit C/Ol | | | | | | | | | | | |
| Date | Payee name | | | | | | | | | | |
| 09/13/2024 | Van Ness Creative Strategies | | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| \$7,005.28 | ONE HUNTINGTON QUADRANGLE STE 3N05 | | | | | | | | | | |
| | | | | | | | | | | | |
| Expenditure from corporate funds | Melville, NY 11747 | | | | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | | |
| | Check if Austin, TX, officeholder living expense In-Kind Digital Support for Flip Texas Blue Fund | | | | | | | | | | |
| | III-IAIIU Digitai Support foi i iip Texas Bias Tana | | | | | | | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ı - ıl Co | nmittee | Legal Service | Memorials Exper es action Guide 6 | | | xpens Vages | Contract Labor | | Travel Out of OTHER (ente | | t egory not listed above) |
|---|--------------------------------------------------------------------------------------------|--------------|----------------|---------------|-----------------------------------------|--------------|-----------|----------------|-----------------|------|------------------------------|----------|------------------------------|
| ┰ | Total pages Schedule F1: | 2 | EII ED NAME | | | • | | | | 3 | Filer ID | (1 | Ethics Commission Filers) |
| ľ | | | | | ofractructur | o Eund | | | | | 0008809 | | Luico Commission i licio) |
| ᆫ | Sch: 15/15 Rpt: 39/39 | | Agave Dem | | III astructur | e Fund | | | | | 0008809 | <u> </u> | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 08/13/2024 | | Williams, Vi | ctoria | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; Ci | ty; | State; | Zip Co | de | | | | | |
| l | \$8,000.00 | | 1349 C Stre | | | | | | | | | | |
| l | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | | | |
| ╟ | Expenditure from | | | | | | | | | | | | |
| ᆫ | corporate funds | | Washington | i, DC 200 |)02 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categorie: | s listed at the top | of this sche | edule) | (b) | Description | | | | |
| l | OF EXPENDITURE | | Consulting | | | | | | Check if travel | | | | |
| l | LAI ENDITORE | | | | | | | | Check if Austin | | | ving ex | pense |
| l | | | | | | | | | Political Cons | sult | ing | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder ı | name | 0 | ffice sou | ght | | | Office | held | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
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