CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	e this form.	1 Filer ID (Ethics Commis 00069489	sion Filers)	2 Total pages filed: 24
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Γony D.			Date Received
					ELECTRONICALLY FILED
					10/06/2024
		AST Findorholt		SUFFIX	10/00/2024
	'	Finderholt			
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	3800 Park Manor Ct.				
ADDRESS					Receipt # Amount
Change of Address	Arlington, TX 76017				Date Processed
					Date Flocessed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR F	IRST		MI	
TREASURER	Mrs. J	an E.			
NAME					
	NICKNAME L	AST		SUFFIX	
		yler			
		, -			
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PI FASE).	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER	3705 Pimlico Dr.	O/(1 LL/(OL),	7	700112 ", 0111,	017(12, Zii 00)2
ADDRESS	0.001				
(Residence or Business)	Arlington TV 76017				
	Arlington, TX 76017				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION		
TREASURER PHONE	(817) 692-7696				
PHONE					
8 REPORT					
TYPE	January 15 X	30th day before	election	Runoff	15th day after campaign treasurer
	July 15	8th day before	election	Exceeded modified	appointment (officeholder only) Final Report (Attach C/OH-FR)
		our day belore		reporting limit	Tima report (rate in 6,611111)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	IROUGH	09/26/202	
	0170172021			00/20/202	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	I □Р	rimary	Runoff	Other
	11/05/2024		operal	Coosial	
			eneral	Special	
				1	
11 OFFICE	OFFICE HELD (if any)	. 0.4		12 OFFICE SOUGHT	
	State Representative Distric	t 94		State Representa	ative district 94
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Tinderholt, Tony D. (*	The Honorable)	14 Filer ID (I 00069489	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in difficeholders are required to report this information	the candidate's or office	holder's knowledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
A radialonary agos	X GENERAL	TREPAC		
	A SENERAL	COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd		
		тх		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		TX		
16 CONTRIBUTION	1. TOTAL UNITEM	L IZED POLITICAL CONTRIBUTIONS (OTHER THA	N DI EDGES I OANS	1
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 26,824.61
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,946.34
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 177,789.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	-			
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honor	able Tony D. Tinderh	olt
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of officer administering Printed name of officer administering Title of officer administering oath			administering oath	

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH **ADDENDUM**

				Page 3 of 24
C / OH NAME	Tinderholt, Tony D. (The Honorable)	Filer ID 00069489	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL	expenditures may have	of political expenditures by political c been made without the candidate's c d to report this information only if the	or officeholder's knowledge or o	consent. Candidates and
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME TREPAC		-
	SPECIFIC SPECIFIC	COMMITTEE ADDRESS 1115 San Jacinto Blvd Ste 200		
		Austin, TX 78701 COMMITTEE CAMPAIGN TREASE	URER NAME	
		Cantu, Leslie COMMITTEE CAMPAIGN TREASUP.O. Box 2246	URER ADDRESS	
		Austin, TX 78768		

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				4 of 24			
18 FILER NAME Tinderholt, To	19 Filer ID 00069489	(Ethic	s Commission Filers)				
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	26,549.61			
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	275.00			
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4. SC	CHEDULE E: LOANS		\$				
5. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	22,946.34			
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	497.45			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/24	
2	FILER NAME Tinderholt, T	ony D. (The Honorable)			3	Filer ID (Ethics Commission 00069489	on Filers)
4	Date 08/23/2024	08/23/2024 Arlington Republican Club 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4,000.00	
Ω	Principal occu	Arlington, TX 76094 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	9	Employer (See Instructions)		
	Date 08/30/2024	Conservative Republicans of Texas Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Houston, TX 77234 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-s Czarrowitz, Jon Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SRS Distributing)		
	Date 07/30/2024	Czarrowitz, Jon)		Amount of Contribution (\$)	\$25.00
			Employer (See Instructions SRS Distributing)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Czarrowitz, Jon Contributor address; City; State; Zip Code Arlington, TX 76017			Amount of Contribution (\$)	\$25.00		
	Principal occu truck driver	pation / Job title (See Instructions)		Employer (See Instructions SRS Distributing)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/4 Rpt: 6/24	
2	FILER NAME Tinderholt, T	ony D. (The Honorable)			Filer ID (Ethics Commissio 00069489	n Filers)
4	09/23/2024 DeDecker, Bill (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$104.10	
0	Dringing oggu	Arlington, TX 76012	Employer (See Instructions)			
8	consultant		Employer (See Instructions) C&D Inc)		
	Date 09/24/2024	Full name of contributor uut-of-state PAC (ID#: Fort Worth Republican Women Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76185				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: Frederick Douglass Republicans of Tarrant County Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00
		Mansfield, TX 76063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#: HILLCO PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Metroplex Republican Women Contributor address; City; State; Zip Code Bedford, TX 76021			Amount of Contribution (\$)	\$500.00
	Principal occu		Employer (See Instructions))		
		I				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/24		
2	FILER NAME Tinderholt, T	ony D. (The Honorable)			3	Filer ID (Ethics Commission Filers 00069489)	
4	Date 08/15/2024	5 Full name of contributor NRG Energy INC PAC6 Contributor address; City; State	x out-of-state PAC (ID#: <u>C</u>	00366559)	7	Amount of Contribution (\$) \$1,000	0.00	
_	Deire die al. a a co	Princeton, NJ 08540		2. Faralassa (Osa hastarationa				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Date 09/12/2024	Full name of contributor Poinsett PLLC Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$) \$500).00	
		Austin, TX 78701			<u></u>			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/16/2024	Full name of contributor Posey, Jake Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$) \$520	0.51	
		Georgetown, TX 78633						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Posey Law Firm, PC	5)			
Date Full name of contributor out-of-state PAC (ID#:) 09/04/2024 TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$) \$10,000	0.00				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/06/2024	Full name of contributor TXTA TRUCKPAC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500	0.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			·					

MONE	FARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/24	
2 FILER NAME Tinderholt,	nderholt, Tony D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069489
4 Date 08/30/2024			7 Amount of Contribution (\$) \$5,000.00
	Fort Worth, TX 76126		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruction:	s)
Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Assoc. PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
Principal occ	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	s)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tinderholt, Tony D. (The Honorable) 00069489 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/19/2024 Ingersoll, Deborah \$275.00 her cost for her services 7 Contributor address; City; State; Zip Code as the Event coordinator 9/16/24 fundraiser Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Legislative Solutions event planner 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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/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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 10/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	09/19/2024	Abuelo's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.11	5733 St. Hwy 121
		Colony, TX 75056
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		legislative meeting with David Lowe
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/09/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$476.30	440 Terry Ave
		Seattle, WA 98101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		500 sign stakes
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date 09/20/2024	Payee name Arlington Today
		Arlington Today
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 4720 S. Cooper ST
	40,000.00	4120 G. Gooper G1
		Arlington, TX 76017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Ad in October 2024 issue
		7.6 00.0001 2027 10000
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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

xpense Travel in expense Travel O Wages/Contract Labor OTHER

	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: 2/14 Rpt: 11/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	08/06/2024	Bradley Impact Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	1400 N. Water St.
		Milwaukee, WI 53202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Candidate/Officeholder/Political Committee
		at state and local levels
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Para and a second secon
	07/03/2024	Payee name Cleod9 Voice
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.66	2500 E Randol Mill Road
		Ste 204
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office phone service
		District Office priorite service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/20/2024	Cleod9 Voice
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	2500 E Randol Mill Road
		Ste 204
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		District Office phone service
	Operation ONE V. C. P.	Out in the Committee of
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 12/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	07/26/2024	Cracker Barrel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	4300 S. Bowen Rd
		Arlington, TX 76016
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent breakfast meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Or	
	Date	Payee name
	08/21/2024	Cracker Barrel
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.19	4300 S. Bowen Rd
		Arlington, TX 76016
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting about vaccine choice
		moouning about vaccinio choice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Power name
	07/02/2024	Payee name Digital Corp Publishing
	Amount (\$)	Payee address; City; State; Zip Code
	\$413.60	801 Station
		Arlington, TX 76015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense High School Graduation Certificates
		r light School Graduation Certificates
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 4/14 Rpt: 13/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	07/02/2024	Digital Corp Publishing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$542.20	801 Station
		Arlington, TX 76015
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State Convention give aways
9	Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	07/02/2024	Digital Corp Publishing
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$862.75	801 Station
	Ψ002.13	our station
		Arlington, TX 76015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense signs for State Convention booth
		Signs for State Convention bootin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	v
	Date	Payee name
	09/20/2024	Embrace Geace
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	700 W. Bedford Euless
		Suite G
		Hurst, TX 76053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		donation on Texas Giving Day
lacksquare	Operation Chilly II	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 14/24	Tinderholt, Tony D. (The Honorable)	00069489
4	Date	5 Payee name	·
	07/02/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.70	1600 Amphitheatre	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			website email hosting
			5
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	08/02/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.70	1600 Amphitheatre	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense website email hosting
			website email hosting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/03/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.70	1600 Amphitheatre	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense website email hosting
			website email nosting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 15/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	08/01/2024	HEB Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	2109 Martin Dr
		Bedford, TX 76095
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		HEB event sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/16/2024	HEB Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	2109 Martin Dr
		Bedford, TX 76095
	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
		yearly dues for chamber membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/13/2024	HEB Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2109 Martin Dr
		Bedford, TX 76095
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense HEB lunch meeting
		HEB Idition frieeding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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			gal Services	Expense	Salaries/W		se s/Contract Labor		OTHER (ente		ot listed above)
			TI	ne Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics	Commission Filers)
	Sch: 7/14 Rpt: 16/24	Tind	derholt, To	ny D. (The H	onorable)					0006948	9	
4	Date	5 Pay	ee name									
	09/09/2024	Jan	nie Lopez C	Campaign								
6	Amount (\$)	7 Pay	ee address;	City;	State	e; Zip Co	de					
	\$1,000.00	P.C	D. Box 207	3								
		Sar	n Benito, T	X 78586								
8	PURPOSE	(a) Cate	egory (See (Categories listed at t	he ton of this scl	hedule)	(b)	Description				
	OF			Donations Ma				Check if travel	outsi	de of Texas. C	omplete Sched	dule T.
	EXPENDITURE	Car	ndidate/Off	iceholder/Pol	itical Comn	nittee		Check if Austin,			ing expense	
								Campaign Co	ontr	ribution		
9	Complete ONLY if direct expenditure to benefit C/OH		lidate/Office	holder name	•	Office sou	ght			Office	held	
	experientare to benefit 6/01	•										
	Date	Pay	ee name									
	07/17/2024	Jay	Jay Cafe									
	Amount (\$)	Pay	ee address;	City;	State	; Zip Co	de					
	\$44.76	440	01 Little Ro	ad								
		Ste	.580									
		Arli	ngton, TX	76016								
	PURPOSE	(a) Cate	egory (See (Categories listed at t	he top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE	l		je Expense	·	ŕ		Check if travel of				dule T.
	EXI ENDITORE							Check if Austin,				
								Constituent b	rea	iktas to di	scuss vac	cine choice
	0 1: 0 1: 0					0.00	1.			0.1.		
	Complete ONLY if direct expenditure to benefit C/OH		lidate/Office	holder name	(Office sou	ght			Office	held	
		·										
	Date	1 1	ee name									
	07/03/2024	Kid	d, Shanno	n								
	Amount (\$)	Pay	ee address;	City;	State	e; Zip Co	de					
	\$300.00	730	08 CHAPM	AN Dr.								
		Nor	rth Richlan	d Hills, TX 76	182							
	PURPOSE	(a) Cate	egory (See (Categories listed at t	he top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE	Sala	aries/Wag	es/Contract L	abor			Check if travel of				dule T.
	EXI ENDITORE							Check if Austin,				-1
								July thru Dec	em	ber for Su	ppiement	aı µay
_	Complete ONLY if direct	Cand	lidata/Office	holder name		Office carr	abt			Office	hold	
	Complete ONLY if direct expenditure to benefit C/O		iiuate/OIIICe	holder name	•	Office sou	ynı			Onice	neiu	

SCHEDULE F1

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

Event Expense 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 complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/14 Rpt: 17/24 Tinderholt, Tony D. (The Honorable) 00069489 4 Date Payee name 08/19/2024 Legislative Solutions 6 Amount (\$) Payee address; City; State; Zip Code \$600.00 P.O. Box 5643 Austin, TX 78763 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Austin fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2024 Mailchimp Amount (\$) Payee address; City; State; Zip Code \$98.07 675 Ponce De Leon Ave. NE Atlanta, GA 30308 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense email server for political mailings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

Amount (\$)	Payee address; City; State; Zip Code
\$98.07	675 Ponce De Leon Ave. NE Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email server for political mailings
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

Payee name

Mailchimp

Date

08/23/2024

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor 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 complete this form.					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 9/14 Rpt: 18/24	Tinderholt, Tony D. (The Honorable) 00069489					
4	Date	5 Payee name					
	09/23/2024	Mailchimp					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$98.07	675 Ponce De Leon Ave. NE					
		Atlanta, GA 30308					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		email server for political mailings					
		Sinan corror for pointed manings					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
5	expenditure to benefit C/O						
_	Data						
	Date	Payee name					
	09/09/2024	Omni Las Colinas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$711.89	221 Las Colinas					
		Irving, TX 75039					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense					
		Check if Austin, TX, officeholder living expense					
		one night stay at hotel for caucus meetings and dinner					
	Commiste ONLY if divest	Constitute (Office helds					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	·						
	Date	Payee name					
	07/03/2024	Public Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$178.50	2130 WPleasant Ridge Rd					
		Arlington , TX 76015					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		campaign storage unit					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientare to benefit 6/01	<u>'</u>					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 19/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	08/05/2024	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$178.50	2130 WPleasant Ridge Rd
		Arlington , TX 76015
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign storage unit
		campaign storage unit
<u>_</u>	Complete ONLY !! -!!	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	Republican Women of Arlington
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 14317
		Arlington, TX 76094
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Sponsor for Conservative Women or To High Yea
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	07/01/2024	Spark Arlington
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1000 Ballpark Way
		suite 310
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		District Office parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memor Legal Services	ials Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)
L	Steak Sala Faymont			The Instruction	Guide explains	how to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 11/14 Rpt: 20/24		Tinderholt,	Tony D. (The	Honorable)					00069489	
4	Date	5	Payee name								
L	08/01/2024		Spark Arling	gton							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$150.00		1000 Ballpa	ırk Way							
			suite 310								
			Arlington, T	X 76011							
8	PURPOSE	(a)	Category (Si	ee Categories listed	at the top of this set	hedule)	(b)	Description			
	OF EXPENDITURE			head/Rental E		/	-	_ `	outsi	de of Texas. Co	mplete Schedule T.
	LAFENDITURE							—		officeholder livir	ng expense
								District Office	e pa	arking	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	- parameter solient of of	_									
	Date		Payee name								
L	09/03/2024	L	Spark Arling	gton							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$150.00		1000 Ballpa	ırk Way							
			suite 310								
			Arlington, T	X 76011							
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental E	Expense			-			mplete Schedule T.
								District Office		officeholder livir arkina	ig expense
								Sistinct Office	Po	y	
_	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/O	Н				·					
	Date		Payee name								
	08/20/2024		Storage Hu	t							
	Amount (\$)	\vdash	Payee addre		State	e; Zip Co	de				
	\$360.64		355 Russel		Cialo	,	-				
	+233701										
			Mansfield,	TX 76063							
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE		Advertising					ш			mplete Schedule T.
										officeholder livir	
								ոսց, <i>၁</i> Երւ, &	UC	เบมซา รเบโส	ge fees at new unit.
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name		Office sou	aht			Office h	neld
	expenditure to benefit C/O		zanaidato/OIII	Jonolaci Haille	•	Since Sou	9.16			Cilico	

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

	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: 12/14 Rpt: 21/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	07/08/2024	T Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$422.14	3900 Arlington Highlands Blvd
		suite 137
		Arlington, TX 76018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		equipment and wifi service
L	0 1 0 0 1 1 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
	08/09/2024	T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$422.14	3900 Arlington Highlands Blvd
		suite 137
		Arlington, TX 76018
	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 equipment and wifi
		equipment and will
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.61	8550 Tom Landry Fwy
		Fort Worth, TX 76120
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Drinks and snacks for Legislative meeting at District office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 22/24	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	09/26/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.06	8550 Tom Landry Fwy
		Fort Worth, TX 76120
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		drinks for precinct chair meetiing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/03/2024	Texas Live
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.88	1650 E. Randol Mill Rd
	420.00	1000 E. Rando, Will Ra
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for Legislative meeting staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	08/28/2024	Tiff's Treats
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.66	1705 N. Collins
	4101100	#121
		Arlington, TX 76011
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sent to a district business for celebrating their
		anniversary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I		se s/Contract Labor	Travel in Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1:	2 FILER NAME			[;	3 Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 23/24		Tony D. (The Honorable)			00069489	
4	Date	5 Payee name			•		
	08/29/2024	U Haul Mov	ving & Storage				
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Code			
	\$94.44	34122315	Division St				
		Arlington, T	X 76012				
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of this sch	edule) (b)	Description		
	OF EXPENDITURE	Fees			ш	ıtside of Texas. Cor TX, officeholder livin	
					_		or campaign materials to
					a new unit	g	
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name C	Office sought		Office h	eld

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/24 2 FILER NAME Filer ID (Ethics Commission Filers) Tinderholt, Tony D. (The Honorable) 00069489 8 Amount (\$) Date 5 Name of person from whom amount is received 07/31/2024 Susser Bank \$254.75 6 Address of person from whom amount is received; City; State; Zip Code Arlington, TX 76015 Purpose for which amount is received Check if political contribution returned to filer checking acct interest Amount (\$) Date Name of person from whom amount is received 08/31/2024 Susser Bank \$242.70 Address of person from whom amount is received; City; State; Zip Code Arlington, TX 76015 Purpose for which amount is received Check if political contribution returned to filer Checking Acct interest