CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	1 Filer ID (Ethics Com 000200!	nmission Filers) 51	2 Total pages filed: 22
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Tor	n		Date Received ELECTRONICALLY FILED
	NICKNAME LAS	 ST	SUFFIX	10/07/2024
	Cra	ddick		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	Two Lakes Dr.			Receipt # Amount
Change of Address	Midland, TX 79705			
	Imalana, 177 10100			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	
TREASURER NAME	Mrs. Bill			
	NICKNAME LAS	T	SUFFIX	
	Hed		661117	
C CAMPAIGN	CTREET ARRESC (NO DO DOV	DI EACE):	DT / CLUTE # OITY	07ATE: 7ID 00DE
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX Two Lakes Dr.	PLEASE); A	.PT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Midland, TX 79705			
7 CAMPAIGN	AREA CODE PHONE NU	IMBER EXTENSION		
TREASURER PHONE	(432) 682-3000	MIDER EXTENSION		
8 REPORT TYPE	January 15 X 30	Oth day before election	Runoff	15th day after campaign treasurer
		Entre Britani de de la Company	1	appointment (officeholder only)
	July 15 81	h day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	07/01/2024	THROUGH	09/26/2024	1
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	X General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	
	State Representative District 8.	2	State Representa	ttive District 82
		GO TO PAGE 2	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Craddick, Tom (The I	Honorable)	14 Filer ID 00020051	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made without I officeholders are required to report this informat	it the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THES ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 24,621.29
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,733.69
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 128,690.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Ho	onorable Tom Craddick	Κ
		Signature	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 22		
l -	L8 FILER NAME Craddick, Tom (The Honorable) 19 Filer ID (Ethics Commission Filers) 00020051						
			00020031				
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,350.66		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	270.63		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE E: LOANS		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	20,603.66		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,884.24		
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	245.79		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/22		
2	FILER NAME Craddick, To	m (The Honorable)		3	Filer ID (Ethics Commissio 00020051	n Filers)	
4	Date 09/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00	
_	Deireirel	Houston, TX 77027-7537					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Apache Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Dringinal occu	Houston, TX 77056-4497 pation / Job title (See Instructions)	Employer (See Instructions				
	Pilicipai occu	oalion7 Job title (See Instructions)	Employer (See instructions)			
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78768-2185					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Capital Leadership Fund Contributor address; City; State; Zip Code Austin, TX 78701-2185)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/22	
2	FILER NAME		3	3 Filer ID (Ethics Commission	n Filers)
	Craddick, To	m (The Honorable)		00020051	
4	Date 09/26/2024	5 Full name of contributor out-of-state PAC (ID#: Gamble, Phil (Mr.)		7 Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; State; Zip Code Austin, TX 78703-3811			
8	Dringinal occu	·	nployer (See Instructions)		
٥	- Tillcipai occu	pation / 300 title (See instructions)	ipioyer (See mstructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/23/2024	Greenberg Traurig PAC			\$1,000.00
		Contributor address; City; State; Zip Code			
		Albany, NY 12207-2510			
	Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/23/2024	HOMEPAC of Texas			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701-1957			
	Principal occu	pation / Job title (See Instructions) En	nployer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/23/2024	Hance, Kent R.			\$1,000.00
		Contributor address; City; State; Zip Code			
		Lubbock, TX 79409-0003			
	Principal occu	pation / Job title (See Instructions) En	nployer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/06/2024	Humphreys, Sharon (Ms.)			\$100.00
		Contributor address; City; State; Zip Code			
		Midland, TX 79704-4504			
	Principal occu	·	nployer (See Instructions)		

	MONET	ARY POLITICAL (SCHEDUI	LE A1			
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 3/5 Rpt: 6/22	
2	FILER NAME Craddick, To	om (The Honorable)				3	Filer ID (Ethics Commission 00020051	on Filers)
4	Date 09/26/2024	Full name of contributor Jastrow II, Kenneth M. (M. Contributor address; City; S.	······)	7	Amount of Contribution (\$)	\$2,500.00
		Round Mountain, TX 786						
8	Rancher/Inv	pation / Job title (See Instructions estor	s)	9	Employer (See Instructions Self	S)		
	Date 09/23/2024	Full name of contributor Neale, George C. (Mr.) Contributor address; City; S Austin, TX 78767-1945	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 09/23/2024	Full name of contributor ONEOK Employees PAC Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
		Tulsa, OK 74102-0871				_		
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	S)		
	Date 09/23/2024	Full name of contributor One Gas Inc., PAC Contributor address; City; S Tulsa, OK 74103-4346	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor Phillips 66 PAC Contributor address; City; S Washington, DC 20004-3					Amount of Contribution (\$)	\$1,000.66
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/22	
2	FILER NAME Craddick, To	m (The Honorable)		3	Filer ID (Ethics Commission 00020051	on Filers)
4	Date 09/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701-2134	1	L		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/23/2024	Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78731-2142 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	•					
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID# Spreen, Lauren (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703-1943				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID# Tex-Pipe PAC Contributor address; City; State; Zip Code Austin, TX 78701-1726	:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID# Texas Chemical Council/Assn. Of Chemical Incontributor address; City; State; Zip Code Austin, TX 78701-1508	dustry Of TX Free		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/22		
2	FILER NAME Craddick, To	om (The Honorable)		3	Filer ID (Ethics Commission 00020051	on Filers)
4	Date 09/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78767-0279 pation / Job title (See Instructions)	Employer (See Instructions			
_	Timolpai occa	pation 7 oob title (See mondellons)	Complete (See Mistractions			
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78705-2032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas REALTORS PAC (TREPAC) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701-1994				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Titus, Jane F. (Ms.) Contributor address; City; State; Zip Code Superior, CO 80027-8689			Amount of Contribution (\$)	\$1,500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

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: 9/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/26/2024 Christi Craddick Campaign \$270.63 Emailing of event 7 Contributor address; City; State; Zip Code invitations Austin, TX 78703 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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

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 Egal Services Printing Expense Salaries/Wages/Contract Labor

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

	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: 1/10 Rpt: 10/22	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	07/31/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$482.00	PO Box 650448
		Dallas, TX 75265-0448
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card bill
		ayment of dreak out a sin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	08/31/2024	American Express
_	Amount (\$)	Payee address; City; State; Zip Code
	\$482.00	PO Box 650448
	Ψ+02.00	1 O BOX 030440
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment of credit card bill
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	09/24/2024	Payee name Craddick, Thomas R.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.79	2 Lakes Dr
		MC II I. TV 70705 4000
		Midland, TX 79705-1929
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment for Schedule G expenditures
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee L	ift/Awards/Memorials egal Services The Instruction Gu	•		/ages	/Contract Labor		Travel Out of E OTHER (enter	District a category not listed above)	
<u>_</u>	Tatal name C	- ما			ac expiaiiis		ріс		<u> </u>	E11 15	/Ethian On	>
	Total pages Schedule F1:	l		(Th : L)	-1-1-2				3		(Ethics Commission File	:15)
	Sch: 2/10 Rpt: 11/22	<u> </u>	Сгаааіск, Го	m (The Honora	abie) 					00020051	- 	
4	Date	5 F	Payee name									
	08/30/2024	E	Erickson Der	nel & Co., PLL	С							
6	Amount (\$)	7 F	Payee address	; City;	State	; Zip Co	de					
	\$7,345.00		7800 N Mopa	ac Expy Ste 10	5	-						
			1-	.,								
		Ι,	Auctin TV 7	750 9061								
<u> </u>	D. IDE	_	Austin, TX 78				<i>n</i> :					
8	PURPOSE OF			Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	EXPENDITURE	/	Accounting/E	anking				브			mplete Schedule T.	
								PFS filing	, 1^,	officeholder livi	ng expense	
<u>_</u>	Complete ONLY if direct		andidata/Off: -	shaldar rama		Office seri	ab+			Off: a - 1	hold	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	enoluer name	(Office sou	ynt			Office I	neid	
	Date	F	Payee name						_			
	07/12/2024	+	Hunnicutt, R	etha								
	Amount (\$)	F	Payee address	s; City;	State	; Zip Co	de					
	\$1,459.44] 1	1902 W Ohio	Ave								
	•											
		N	Midland, TX	79701-5944								
	PURPOSE	(a) (Category (See	Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	9	Salaries/Wa(jes/Contract La	abor			=			implete Schedule T.	
								—		officeholder livi		
								ASSIST MITH CS	ai i i f	Jaiyn and (office holder duties	
	2											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office sou	ght			Office I	held	
L												
	Date	F	Payee name									
	08/13/2024	+	Hunnicutt, R	etha								
	Amount (\$)	F	Payee address	; City;	State	; Zip Co	de					
	\$1,459.43] 1	1902 W Ohio	Ave								
	,											
		N	Midland, TX	79701-5944			_		_			
	PURPOSE	(a) (Category (See	Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	9	Salaries/Wa	jes/Contract La	abor			ш			mplete Schedule T.	
								ш		officeholder livi		
								Assist with Ca	amp	Jaiyn and (office holder duties	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offic	eholder name	(Office sou	ght			Office I	held	
	capenditule to belieff C/Of											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 12/22	Craddick, Tom (The Honorable)		00020051
4	Date	5 Payee name		'
	09/13/2024	Hunnicutt, Retha		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1,459.44	1902 W Ohio Ave		
		Midland, TX 79701-5944		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	-		Check if Austin, TX, officeholder living expense
				Assist with campaign and office holder duties
_	0 1 0 0 1 1 1 1			0.00
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	08/30/2024	InfoUSA Marketing, IncA Sub Of Infogroup Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$389.71	Po Box 955146		
		Saint Louis, MO 63195-5146		
	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.
				City Directory
				City Directory
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O	•		
	Date	Payee name		
	07/17/2024	Keel Systems		
	Amount (\$)	Payee address; City; State; Zip Cod	او	
	\$786.96	23812 Tres Coronas		
	4.00.00	20022 1700 00.01140		
		Spicewood, TX 78669-1631		
	DUDDOCE		'L\	
	PURPOSE OF	,	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				Database and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	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: 4/10 Rpt: 13/22	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	08/05/2024	Keel Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$786.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database and compliance services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	09/04/2024	Keel Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$786.96	23812 Tres Coronas
	\$700.90	23012 Hes Colonas
		Spicewood, TX 78669-1631
	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
		Database and compliance services
		Batabase and compilative services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/24/2024	Martin County Messenger
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 1488
	, ==	
		Stanton, TX 79782-1488
	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 Newspaper ads
		ινεννομαμεί αυδ
	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 C

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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	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: 5/10 Rpt: 14/22	Craddick, Tom (The Honorable) 00020051						
4	Date	5 Payee name						
	07/16/2024	Midland County Republican Party						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,000.00	PO Box 462						
		Midland, TX 79702-0462						
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						
		Political contribution						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
٥	expenditure to benefit C/O	and the second of the second o						
_	Date	Davies name	=					
	07/25/2024	Payee name Optimum						
		· ·	_					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$145.15	3001 W Loop 250 N Ste C113						
	!							
		Midland, TX 79705-3210						
	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 Office cable service						
	!	Office dable 35.7755						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
_	Data	Davies warms	-					
	Date 08/25/2024	Payee name Optimum						
		· ·	_					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$145.15	3001 W Loop 250 N Ste C113						
		Midland, TX 79705-3210						
	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 Office cable service						
		Since dable service						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/O							
			_					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	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: 6/10 Rpt: 15/22	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	09/25/2024	Optimum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.15	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office cable service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	"
	Date	Payee name
	07/12/2024	Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$322.53	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Federal income tax withholding
		redetal moothe tax withholding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/15/2024	Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.37	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	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 Payroll service
		r ayroli service
	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 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								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_						
_	Sch: 7/10 Rpt: 16/22	Craddick, Tom (The Honorable) 00020051							
4	Date	5 Payee name							
	08/14/2024	Paychex							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$322.54	4242 Woodcock Dr Ste 100							
		San Antonio, TX 78228-1359							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
	2/11/2/10/12	Check if Austin, TX, officeholder living expense							
		Federal income tax withholding							
			_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	08/15/2024	Paychex							
	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$160.18	4242 Woodcock Dr Ste 100							
		San Antonio, TX 78228-1359							
	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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Payroll service							
			_						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experialiture to benefit 6/01	1							
	Date	Payee name							
	09/16/2024	Paychex							
	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$322.53	4242 Woodcock Dr Ste 100							
		San Antonio, TX 78228-1359							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
		Check if Austin, TX, officeholder living expense							
		Federal income tax withholding							
	0 1. 0		_						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
			_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ense Travel in District
pense Travel Out of Di
ages/Contract Labor OTHER (enter a

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 8/10 Rpt: 17/22	Craddick, Tom (The Honorable)		00020051				
4	Date	5 Payee name						
	09/17/2024	Paychex						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$181.50	4242 Woodcock Dr Ste 100						
		San Antonio, TX 78228-1359						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting/Banking	Accounting/Banking					
				Check if Austin, TX, officeholder living expense Payroll service				
				rayion service				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held				
ľ	expenditure to benefit C/O		agiit	Cilide Held				
-	Date	Payee name						
	07/12/2024	Raines, Abby						
	Amount (\$)	Payee address; City; State; Zip Ci	ahe					
	\$461.75	100 Pin Oak St	Jue					
	Ψ-01.73	100 T III Oak St						
		Dripping Springs, TX 78620-4367						
_	DUDDOCE		(1-)					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(0)	Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salanes/Wages/Contract Labor	Check if Austin, TX, officeholder living expense					
			Assist with campaign and office holder duties					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held				
	experialiture to benefit C/O	1						
	Date	Payee name						
	08/13/2024	Raines, Abby						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$461.75	100 Pin Oak St						
		Dripping Springs, TX 78620-4367						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				Assist with campaign and office holder duties				
				The state of the s				
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held				
	expenditure to benefit C/O		-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 9/10 Rpt: 18/22	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	09/13/2024	Raines, Abby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	100 Pin Oak St
		Dripping Springs, TX 78620-4367
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
		The state of the s
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/10/2024	Ready Refresh By Nestle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$121.65	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
	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
		Office refreshments
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/25/2024	Ready Refresh By Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.69	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office refreshments
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-		LN (enter a t	,					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 File	r ID	(Ethics Commission Filers)					
	Sch: 10/10 Rpt: 19/22	Craddick, Tom (The Honorable)	I	20051	(=====,						
4	Date	5 Payee name									
	08/30/2024	Ready Refresh By Nestle									
6	Amount (\$)	7 Payee address; City; State; Zip Co	7 Payee address; City; State; Zip Code								
	\$122.73	6661 Dixie Hwy Ste 4									
		Louisville, KY 40258-3950									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	<u>Description</u>							
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Theck if Austin, TX, office							
				Office refreshments	noider living	expense					
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ld					
ľ	expenditure to benefit C/O	d Sandado, Sinosholasi Hame	giit		Omoc no						
_	Data	Pausa nama									
	Date 09/26/2024	Payee name									
		Square Inc.									
	Amount (\$)	Payee address; City; State; Zip Co	ae								
	\$96.55	1455 Market St Fl 8									
		San Francisco, CA 94103-1332									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of							
				Check if Austin, TX, officeholder living expense Credit card processing fee							
				ordan dara processi	ng icc						
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ld					
	expenditure to benefit C/O		9		000						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 1/2 Rpt: 20/22	Craddick, Tom (The		00020051						
4 CREDIT CARD ISSUER	Name of financial institution Amex 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid				
	\$482.00	08/02/2024	07/31/202	24 08/31/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Extra Space Storaç		oop 250 W						
	() 2 :			TX 79707-6024					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
X Political	Office Overhead/Ren		Campaigi	n storage rent					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer 24 08/31/2024	r Paid				
	\$482.00	09/02/2024	07/31/20/	24 00/31/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Extra Space Storaç	je	2504 N Loop 250 W						
			Midland,	TX 79707-6024					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description						
EXPENDITURE X Political	Office Overhead/Ren		Campaigi						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid				
	\$93.10	09/05/2024	07/31/202	24 08/31/2024					
PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code		
	-		915 N La	mar Blvd					
	Fresas								
				X 78703-4946					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	Food/Beverage Expe		Campaigi	n meeting					
X Political									
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* · · · · · · · · · · · · · · · · · · ·	,	,	
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 2/2 Rpt: 21/22	Craddick, Tom (The	e Honorable)			00020051			
4	CREDIT CARD ISSUER	Name of financial institution see previous See previous							
6	PAYMENT	(a) Amount Charged \$170.14	07/31/2024 08/31/2024						
7	PAYEE	(a) Payee name Zoom Video Comm		address; den Blvd Ste 600 e, CA 95113-1612	City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descrip		_			
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Conferer	nce calling service	9			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$175.00	(b) Date of Charge 09/15/2024) Credit Card Issuer 24 08/31/2024	Paid			
	PAYEE	(a) Payee name American Express	(b) Payee	650448	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	Dallas, TX 75265-0448 (b) Description Campaign credit card fees					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	fice sought Office held					
	PAYMENT	(a) Amount Charged \$482.00	(b) Date of Charge 07/02/2024) Credit Card Issuer 124 08/31/2024	Paid			
	PAYEE	(a) Payee name Extra Space Storag	je		address; .oop 250 W TX 79707-6024	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion In storage rent				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
ı									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Sala	ting Expense ries/Wages/Cont to complete th			Travel Out of District OTHER (enter a category not listed above)	
1	Total nagge Cabadula Ca	2 FILEF					12	Filer ID (Ethica Commission Filers)	
_	. •			(a)			3	Filer ID (Ethics Commission Filers))
	Sch: 1/1 Rpt: 22/22	Crad	dick, Tom (The Honorabl	e)				00020051	
4	Date	5 Paye	e name						
	07/23/2024	AT&	Γ Mobility						
6	Amount (\$)	7 Paye	e address; City;	State; Zij	Code				
	\$81.93	PO E	30x 2969						
	Reimbursement from								
	X political contributions	0	ha NE CO102 20C0						
	intended	Oma	ha, NE 68103-2969						
8	PURPOSE OF	(a) Categ	JOTY (See Categories listed at the t	op of this schedule)	(b) Des	scription	=	heck if travel outside of Texas. Complete Schedule	е Т.
	EXPENDITURE	Teled	communications			L	CI	heck if Austin, TX, officeholder living expense	
					Teleph	none servi	ice		
9		Candidate	e/Officeholder name		Offic	ce sought		Office held	
	expenditure to benefit C/OH								
	6/011								
	Date	Paye	e name						
	08/27/2024	AT&	Γ Mobility						
	Amount (\$)	Paye	e address; City;	State; Zij	Code				
	\$81.93	PO E	30x 650574						
	Reimbursement from								
	X political contributions intended	Dalla	s, TX 75265-0574						
									_
	PURPOSE OF	_	JOTY (See Categories listed at the t	op of this schedule)	Des	scription [=	heck if travel outside of Texas. Complete Schedul heck if Austin, TX, officeholder living expense	ЭТ.
	EXPENDITURE	Teled	communications		T	L	_	neck if Austin, 174, officeriolder living expense	
					reiepn	none servi	ice		
	Complete ONLY if direct expenditure to benefit	Candidate	e/Officeholder name		Offic	ce sought		Office held	
	C/OH								
	Data								
	Date	·	e name Γ Mobility						
	09/23/2024		-						
	Amount (\$)		e address; City;	State; Zij	Code				
	\$81.93	PO E	30x 650574						
	Reimbursement from								
	x political contributions intended	Dalla	s, TX 75265-0574						
	PURPOSE	Cateo	JOTY (See Categories listed at the t	op of this schedule)	Des	scription	CI	heck if travel outside of Texas. Complete Schedul	e T.
	OF	Teled	communications			į	CI	heck if Austin, TX, officeholder living expense	
	EXPENDITURE				Teleph	none servi	ice		
	Complete ONLY if direct	L Candidate	e/Officeholder name		IOffic	ce sought		Office held	
	expenditure to benefit				21110	wgt		222	
	C/OH								