CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		1 Filer ID (Ethics Commi 00042130		2 Total pages f	iled: 43
3 CANDIDATE /	MS / MRS / MR FI	RST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable De	onna S.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME LA	\ST		SUFFIX	10/07/2024	
	H	oward				
4 CANDIDATE /	ADDRESS / PO BOX; APT / St	UITE#; CITY	Y ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 5375				Receipt #	Amount
Change of Address	Austin, TX 78763					
	Austin, 17 10105				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIF	RST		MI		
TREASURER	Ms. Do	onna				
NAME						
	NICKNAME LA	ST		SUFFIX		
	Ho	oward				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE);	AP ⁻	Γ / SUITE #; CIT`	Y; ST	ATE; ZIP CODE
TREASURER ADDRESS	P.O. Box 5375					
(Residence or Business)						
(residence of Business)	Austin, TX 78763					
7 CAMPAIGN	AREA CODE PHONE N	JI IMBER E	XTENSION			
TREASURER	(737) 231-0062	NOWIDER E	XILINSION			
PHONE	(131) 231-0002					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer
	July 15	8th day before e	lection \square	Exceeded modified	appointment (off	
	Suly 13	our day before e	nection	reporting limit	T mar report (At	acii cron-i Ny
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	07/01/2024	TH	ROUGH	09/26/20	024	
10 ELECTION	ELECTION DATE		•	ELECTION TYPE	C out	
	Month Day Year 11/05/2024		imary	Runoff	Other	
	11/05/2024	χGe	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District	48		State Represe	ntative District 48	
			0.040= 0			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	Howard, Donna S. (T	he Honorable)	14 Filer ID ((Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditual expenditures may have been made without of officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	X GENERAL	Texas REALTORS Political Action Committe	e	
		COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd.		
		Ste. 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		P.O. Box 2246		
		Austin, TX 78768		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 40,860.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,429.75
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 109,137.98
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	rable Donna S. Howa	urd
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		•
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 43			
18 FILER NA Howard,	ME Donna S. (The Honorable)	19 Filer ID 00042130	(Ethics Commission Filers)			
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40,860.00			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 32,429.75			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission Fi 00042130	lers)
4	Date 08/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_ Aguirre & Fields LP PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Alist Consulting, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	250.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Allen Boone Humphries Robinson, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,	000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Ancira Strategies Partners, LLP Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission Fi 00042130	lers)
4	Date 09/18/2024	 Full name of contributor		7	Amount of Contribution (\$) \$1,	500.00
8	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Date	Full name of contributor out-of-state PAC (ID#:_)	_	Amount of Contribution (\$)	
	09/17/2024	Beer Alliance of Texas PAC Contributor address; City; State; Zip Code				000.00
	Delicalis al access	Austin, TX 78701	Faralassa (Caralassa trastica)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/05/2024	Full name of contributor X out-of-state PAC (ID#: CWA-COPE PCC Contributor address; City; State; Zip Code	00002089		Amount of Contribution (\$) \$	250.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Camack & Strong Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor \(\times\) out-of-state PAC (ID#:\(\text{\final}\) Centene Corporation PAC Contributor address; City; State; Zip Code St. Louis, MO 63105	00397851		Amount of Contribution (\$)	750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 09/04/2024	5 Full name of contributorChapman, Terry6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9	Employer (See Instructions	:)		
	Not Employe			None	,		
	Date 09/17/2024	Full name of contributor Danburg, Debra Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Retired	panon / cos uno (coe monaciono)		None	,		
	Date 07/04/2024	Full name of contributor Davis, Richard Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78745					
	Principal occu Pilot	pation / Job title (See Instructions)		Employer (See Instructions ERA Helicopters	<u>(</u>		
	Date 08/02/2024	Full name of contributor Fero, Mary Contributor address; City; State Austin, TX 78757	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 08/22/2024	Full name of contributor Friese, Karen Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu K Friese & A	pation / Job title (See Instructions) ssociates		Employer (See Instructions Self)		
			L_				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/43	
2	FILER NAME Howard, Dor	ına S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 09/17/2024	 Full name of contributor	#: <u>00199257</u>)	7	Amount of Contribution (\$)	\$750.00
Ω	Principal occu	San Francisco, CA 94080 pation / Job title (See Instructions)	9 Employer (See Instructions	(2)		
0	Fillicipal occu	Janott 7 Job line (See Instructions)	B Employer (See Instructions	>)		
	Date 08/22/2024	Full name of contributor X out-of-state PAC (ID HNTB Holding Ltd PAC Contributor address; City; State; Zip Code	#: 00386029	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Kansas City, MO 64105 pation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	i illoipai oooa		Employer (GGC molidations	-,		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID HS Law PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID Haddican, Gerard Contributor address; City; State; Zip Code Austin, TX 78704	#:)	•	Amount of Contribution (\$)	\$250.00
	•	Austin, TX 78704 Principal occupation / Job title (See Instructions) Government Affairs Employer (See Instruction Self		5)		
	Date 07/25/2024	Full name of contributor out-of-state PAC (ID Hausmann, Se Contributor address; City; State; Zip Code Austin, TX 78702		•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	oation / Job title (See Instructions) d	Employer (See Instructions None	5)		
			·			

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 07/24/2024	 Full name of contributor out-of-state P Heinen, Hubert Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
	Not Employe			None	-,		
	Date 08/24/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			None	,		
	Date 09/24/2024	Full name of contributor out-of-state P Heinen, Hubert Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78731					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 08/22/2024	Full name of contributor out-of-state P Huitt-Zollars, Inc Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75240	,)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PIBAT PAC (Independent Bankers Assoc Contributor address; City; State; Zip Code Austin, TX 78701	ciation of TX			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/17/2024	5 Full name of contributorJ. Ancira Strategies6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$350.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	9 Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor James L Keffer Sole Mem Contributor address; City; Si Eastland, TX 76448	out-of-state PAC (ID#:_	LLC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/22/2024	Full name of contributor LANPAC Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor Linebarger & Gogan Blair Contributor address; City; Si				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/07/2024	Full name of contributor McCann, Robert Contributor address; City; Si Austin, TX 78746	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions University of Texas at A		in	
			'				

	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 08/07/2024	5 Full name of contributor McCann, Robert6 Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78746					
8	Principal occu Professor	pation / Job title (See Instructions	9	Employer (See Instructions University of Texas at A		in	
	Date 09/07/2024	Full name of contributor McCann, Robert Contributor address; City; Si	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	2)	Employer (See Instructions	s)		
	Professor	panon / 300 the (300 mandenons	,	University of Texas at A		in	
	Date 09/13/2024	Full name of contributor McCann, Robert Contributor address; City; Si	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78746					
	Principal occu Professor	pation / Job title (See Instructions	5)	Employer (See Instructions University of Texas at A		in	
	Date 09/17/2024	Full name of contributor McGuire Woods Federal I Contributor address; City; St Richmond, VA 23219		25342)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 09/18/2024	Full name of contributor Mitchell, John Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions None	s)		
			1				

	MONET	ARY POLITICAL CONTRIBU	ΓΙΟΙ	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete th	nis for	rm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/25/2024	 Full name of contributor out-of-state PAC (Mize, Dwight Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal acqu	Dripping Springs, TX 78620 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0		ousing Development	ا	Native Building Corpora		า	
	Date 09/17/2024	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/17/2024	Full name of contributor X out-of-state PAC (NRG Energy Inc PAC Contributor address; City; State; Zip Code	(ID#: <u>00</u>	366559		Amount of Contribution (\$)	\$3,000.00
		Princeton, NJ 08540					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/07/2024	Full name of contributor out-of-state PAC (Olson, Lyndon Contributor address; City; State; Zip Code Waco, TX 76710				Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (PAC of the Independent Insurance Agents of Contributor address; City; State; Zip Code Austin, TX 78768	of Texa			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/43	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Howard, Doi	nna S. (The Honorable)				00042130	
4	Date 08/22/2024	5 Full name of contributor Parsons Corporation PAC	out-of-state PAC (ID#: <u>0</u>	0103549)	7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; Stat Pasadena, CA 91124	e; Zip Code				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	,	,			,		
_	Date	Full name of contributor	out-of-state PAC (ID#:	١		Amount of Contribution (\$)	
	09/17/2024	Patricia A. Shipton Governn	-	J		Amount of Continuation (4)	\$1,000.00
	03/11/2024						Ψ1,000.00
		Contributor address; City; Stat	e; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/17/2024	Poinsett PLLC					\$500.00
		Contributor address; City; Stat Austin, TX 78701	e; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/17/2024	Randy C. Cain DBA					\$250.00
		Contributor address; City; Stat	e; Zip Code				
	Drive sized asset	Austin, TX 78763		Franks von (Co.s. Instructions	$\overline{\Gamma}$		
	Ргіпсіраї осси	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/22/2024	Ratliff, William & Rebecca					\$550.00
		Contributor address; City; Stat	e; Zip Code				
		Plano, TX 75074					
	Principal occu Senior Analy	pation / Job title (See Instructions) st		Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTI		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to com	olete this form.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	3 Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/17/2024	-		7 Amount of Contribution (\$)	\$250.00	
•	Dringing Loggy	Eagle Lake, TX 77434	0 Employe	r (Coo Instructions)		
8	Principal occu	pation / Job title (See Instructions)	9 Етрюуе	r (See Instructions)		
	Date 09/17/2024	Robert Kamm & Kelly Kamm Contributor address; City; State; Zip Co	tate PAC (ID#:deep PAC (ID#:deep PAC (ID#:deep PAC (ID#:deep PAC (ID#:deep PAC (ID#:_		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employe	r (See Instructions)		
Date 07/22/2024 Full name of contributor out-of-state PAC (ID#: Rodriguez, Homer & Carolyn Contributor address; City; State; Zip Code Austin, TX 78748			Amount of Contribution (\$)	\$50.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employe None	r (See Instructions)		
Date Full name of contributor out-of-state PAC (09/17/2024 Ron Lewis & Associates Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employe	r (See Instructions)		
	Date 09/17/2024				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employe	r (See Instructions)		
			'			

	MONET	ARY POLITICAL CONTRIBUTIO		LE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/43			
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/19/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$250.00	
8	Dringinal occu	Austin, TX 78749 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions			
0	Consultant	pation 7 Job title (See Instructions)	<u> </u>	Self	•)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78762 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	i illicipai occu	pation / Job title (See Instructions)		Employer (See instructions	"		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Texas Academy of Family Physicians PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78727					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Texas Association of Health Plans PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Autombile Dealers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 12/13 Rpt: 15/43	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Women 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners, LLP 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)		
	· ····o.pa. oooa	paner, cos ano (cos menastro)	p.o)o. (600aaaaaa.	,		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Surplus Lines Association/PAC Contributor address; City; State; Zip Code Austin, TX 78766			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	LE A1	
	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/43		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/17/2024	 Full name of contributor	vernment	7	Amount of Contribution (\$)	\$2,000.00
_		Washington, DC 20004	I			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: Valdez, Jerry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78711	Employer (See Instructions	-, 		
	Principal occupation / Job title (See Instructions) Consultant Employer (See Instructions Self			')		
Date Full name of contributor out-of-state PAC (ID#:_07/06/2024 Walker, Nancy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
		Austin, TX 78749				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None	5)		
Date O9/18/2024 Full name of contributor Out-of-state PAC (ID#: Weisman, John and L Anne Contributor address; City; State; Zip Code New Braunfels, TX 78132				Amount of Contribution (\$)	\$2,000.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Hunter Industries Ltd.	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2024 Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/27 Rpt: 17/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/12/2024	Austin AFL-CIO Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.32	P.O. Box 301074
		Austin, TX 78703
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
		Fish Fry Ad
		1 isin'i y 7 ia
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	07/11/2024	Biden Victory Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	430 South Capitol Street SE
		Washington, DC 20003
	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
		23.1883.1
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	09/18/2024	Payee name Blue Action Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	9532 Colebrook St.
L		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	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 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	l Cor		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 2/27 Rpt: 18/43	\bigsqcup	Howard, Do	nna S. (The Hono	rable)					00042130		
4	Date	5	Payee name									
	09/16/2024		Canva									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$12.95		75 E Santa	Clara St.								
			San Jose, C	CA 95113								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			head/Rental Exper		,		_		de of Texas. Com		
	EXPENDITORE							_		officeholder living	expense	
								Graphic Design	yn :	Sollware		
_	Complete ONII V if direct	Ļ	Condidate /Cff	acholder name		office as:	ıab+			Office I	uld.	_
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offi	ceholder name		office sou	ignt			Office he	eiu	
	Date		Payee name									
	08/15/2024		Canva									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					
	\$12.95		75 E Santa	Clara St.								
			San Jose, C	CA 95113								
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			head/Rental Exper		,		—		de of Texas. Com		
	LA LIBITORE							_		officeholder living		
								Graphic Desig	yıı :	Subscribtion	I	
	Complete ONLY if direct	<u> </u>	`andidata/O#	coholder name		office com	lapt			Office be	ald.	_
	Complete ONLY if direct expenditure to benefit C/OH		Jai iuiuale/O∏i	ceholder name	C	office sou	ignt			Office he	au	
	Dete											_
	Date		Payee name									
	07/15/2024		Canva									
	Amount (\$)		Payee addre		State;	Zip Co	ode					
	\$12.95		75 E Santa	Clara St.								
L		L	San Jose, C	CA 95113								
	PURPOSE OF	(a)		ee Categories listed at the t		edule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental Expe	nse			ш		de of Texas. Comp		
								Graphic Design		officeholder living Software	evhelipe	
									۰۰۰ ر			
_	Complete ONLY if direct		andidate/Offi	ceholder name		Office sou	<u>l</u> ıaht			Office he	eld	_
	expenditure to benefit C/Oh						J .			200 110		
												_

SCHEDULE F1

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

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

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	I Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 3/27 Rpt: 19/43	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
ᆫ	3011. 3/27 Kpt. 19/43	Howard, Donina 3. (The Honorable)	00042130
4	Date	5 Payee name	
	09/03/2024	Casa De Luz	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.20	1701 Toomey Rd	
		A' TV 7070 A	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 coa/Beverage Expense	outside of Texas. Complete Schedule T.
		l —	, TX, officeholder living expense
		Food for Office	cenolaer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/12/2024	Dallas Morning News	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.51	1954 Commerce St	
	Φ32.51	1954 Commerce St	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	l	, TX, officeholder living expense
		Newspaper S	Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/12/2024	Dallas Morning News	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.51	1954 Commerce St	
	φ32.31	1934 Commerce St	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice overnead/Nerital Expense	outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		Newspaper S	Subscription
L			
1	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
Г			
1			
1			

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 4/27 Rpt: 20/43	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	07/12/2024	Dallas Morning News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.51	1954 Commerce St	
		Dallas, TX 75201	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Newspaper Subscription	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/12/2024	Davis, Henry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,745.12	2808 Kinney Oaks Ct	
		Austin, TX 78704	
	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	
		Staff Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	08/02/2024	Davis, Henry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,700.00	2808 Kinney Oaks Ct	
		Austin, TX 78704	
	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 Staff Pay	
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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: Sch: 5/27 Rpt: 21/43	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date	F. Davisa name
4		5 Payee name
	09/24/2024	De Luna Castro, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$650.00	8508 Spearman Drive
		•
		A .: TV 70757
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	D :	
	Date	Payee name
	08/05/2024	De Luna Castro, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	8508 Spearman Drive
	, , , , , , , , , , , , , , , , , , , ,	
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Data	
	Date	Payee name
	07/08/2024	Deluxe
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.78	801 South Marquette Avenue
		Mignografia MNI EE111
		Minneapolis, MN 55111
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Check Re-Order
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	Contributions/ Donations Made By 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:	
	Sch: 6/27 Rpt: 22/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/14/2024	GNI Consulting LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	P.O. Box 685008
		Austin, TX 78768
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
		Compliance Consultant
<u>_</u>	Operation ONE V. C. F.	Overfield to 100% and all lands are seen and the second to 100% and
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	,	
	Date	Payee name
L	09/11/2024	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Drive
		McLean, VA 22107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		Tremspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/09/2024	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Drive
	Ψ10.00	1000 tones branch brive
		McLean, VA 22107
	DUDDOCE	
	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
		Newspaper Subscription
	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 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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printir Salari	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM		-	•		3	Filer ID	(Ethics Commission Filers)	
1	Sch: 7/27 Rpt: 23/43		onna S. (The Honora	ble)			l	00042130	(
4	Date	5 Payee nam	e				•			
	07/10/2024	Gannet Co								
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip	Code					
	\$15.86	_	es Branch Drive	·						
		McLean, \	/A 22107							
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expens	е		=		de of Texas. Com		
						Newspaper S		officeholder living Scription	елрепое	
						οραροί ο				
9	Complete ONLY if direct		fficeholder name	Office :	l sought			Office he	eld	
	expenditure to benefit C/OI				-					
	Date	Payee nam								
L	09/11/2024	GoDaddy	Operating Company l	LC						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$70.32	2155 E G	Daddy Way							
		Tempe, A	Z 85284							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expens	е		=		de of Texas. Com		
						Website Host		officeholder living	evherige	
						1110.00	y			
_	Complete ONLY if direct		fficeholder name	Office :	I sought			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee nam	e							
	08/07/2024	HEB								
	Amount (\$)	Payee addr	ress; City;	State; Zip	Code					
	\$60.66	_	gress Ave.	•						
		Austin, TX	78704							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense					de of Texas. Com		
						Groceries for		officeholder living	expense	
						5.0001100101	Ju	p.to. Office		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office :	 sought			Office he	eld	
	expenditure to benefit C/OI				3					

SCHEDULE F1

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

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/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: 8/27 Rpt: 24/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	07/18/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$148.94	2301 Congress Ave.
		Austin, TX 78704
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
		Groceries for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/04/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.32	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Delivery for Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payeo namo
	08/02/2024	Payee name Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.31	10019 S Interstate 35 Frontage Rd.
		A () . TV 70747
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Delivery for Office
		vvater belivery for office
	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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 9/27 Rpt: 25/43	Howard, Donna S. (The Honorable) 00042130			
4	Date	5 Payee name			
	07/02/2024	Hill Country Springs			
6	` '	7 Payee address; City; State; Zip Code			
	\$30.32	10019 S Interstate 35 Frontage Rd.			
		Austin, TX 78747			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Water Delivery for Office			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	1			
	Date	Payee name			
	09/26/2024	Houston Chronicle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$23.96 4747 Southwest Fwy				
		Houston, TX 77027			
	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			
		Newspaper Subscription			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH	1			
	Date	Payee name			
	09/17/2024	Houston Chronicle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$27.72	4747 Southwest Fwy			
		Houston, TX 77027			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	_	Check if Austin, TX, officeholder living expense Newspaper Subscription			
		Newspaper Subscription			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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	on Filers)
l	Sch: 10/27 Rpt: 26/43	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
l	08/29/2024	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$23.96	4747 Southwest Fwy	
l			
l		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Newspaper Subscription	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot		
	Date	Payee name	
	08/21/2024	Houston Chronicle	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
		Houston, TX 77027	
	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 Newspaper Subscription	
		Newspaper Subscription	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
l	08/01/2024	Houston Chronicle	
┝	Amount (\$)		
l	\$19.96		
l	Ψ19.50	4747 Southwest I wy	
l		Houston TV 77027	
		Houston, TX 77027	
l	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.	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Newspaper Subscription	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
Г			
ı			

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 11/27 Rpt: 27/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	07/23/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.72	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
	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
		Newspaper Subscription
		топорара одгости
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/10/2024	Lopez-Resendez Cupero, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,025.00	12833 Withers Way
	,_,,	
		Austin, TX 78727
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

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

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/Officeholder/Politica			Legal Services	is Expense	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed abo	ve)
Credit Card Payment The Instruction Guide ex				Guide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 12/27 Rpt: 28/43		Howard, Do	nna S. (The H	onorable)					00042130		
4	Date	5	Payee name									
	07/31/2024		Lopez-Rese	ndez Cupero,	Samantha							
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$2,025.00		12833 Withe	ers Way								
			Austin, TX 7	8727								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract l		,		=			plete Schedule T.	
								—	, TX,	officeholder living	g expense	
								Staff Pay				
_	Complete ONLY if direct	<u> </u>	`andidata/Offic	eholder name		Office cou	abt			Office by	ald	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Onic	enoluei name		Office sou	gni			Office he	eiu	
_	Data	_										
	Date	l	Payee name	ndo- Cunoro	Camantha							
	07/03/2024	_	-	ndez Cupero,								
	Amount (\$)	l	Payee addres		State	e; Zip Co	de					
	\$2,025.00		12833 Withe	ers way								
			A TV 7	0707								
		_	Austin, TX 7									
	PURPOSE OF			e Categories listed at		hedule)	(b)	Description	outoi.	do of Toyon Com	mlata Cabadula T	
	EXPENDITURE		Salaries/Wa	ges/Contract I	₋abor			=		officeholder living	plete Schedule T. g expense	
	Staff Pay											
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/23/2024		Lyft, Inc									
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$54.97		185 Berry St	#5000								
			San Francis	co, CA 94107								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Transportation	on Equipment							plete Schedule T.	
			Expense					Officeholder		officeholder living	g expense	
								Sinceriolael	11d	ι ισμοι ιαιισπ		
	Complete ONLY if direct		 :andidate/Offic	eholder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/O		andidato/Offic	onolaci ilailie		-11100 30U	9,11			Office He	J. G.	

SCHEDULE F1

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

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

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

	Credit Gard i dyment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/27 Rpt: 29/43	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		·
	09/09/2024	Lyft, Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$3.59	185 Berry St #5000		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Officeholder Transportation
				Chiecholder Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
ľ	expenditure to benefit C/OI		,	Since hold
-	Date	Payee name		
	09/09/2024	Lyft, Inc		
	Amount (\$)	Payee address; City; State; Zip Cod	lo.	
	\$17.97	185 Berry St #5000	ic	
	Ψ11.51	100 Delity St #3000		
		San Francisco, CA 94107		
	PURPOSE		(h)	Provide the second seco
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Officeholder Transportation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	experientare to benefit G/OI	'		
	Date	Payee name		
	09/09/2024	Lyft, Inc		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$47.79	185 Berry St #5000		
		San Francisco, CA 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense		Officeholder Transportation
				Cinocholdor Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	9		

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/Wages/Contract Labor

	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: 14/27 Rpt: 30/43	Howard, Donna S. (The Honorable) 00042130				
4	Date	5 Payee name				
	07/22/2024	Lyft, Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$52.03	185 Berry St #5000				
		San Francisco, CA 94107				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related				
	LAFENDITORE	Expense Check if Austin, TX, officeholder living expense				
		Officeholder Transportation				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	Date					
	Date	Payee name				
	07/12/2024	Lyft, Inc				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$63.00	185 Berry St #5000				
		San Francisco, CA 94107				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense Check if Austin, TX, officeholder Iving expense Officeholder Transportation				
		Cincerioladi Transportation				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	09/09/2024	Marriot Aloft				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$57.63	109 E 7th St				
	, , , , , ,					
		Austin, TX 78701				
	PURPOSE					
	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				
		Officeholder Food				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OH					

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

	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: 15/27 Rpt: 31/43	Howard, Donna S. (The Honorable) 00042130			
4	Date	5 Payee name			
	08/07/2024	Maryes Gourmet Pizza			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$79.90	3663 Bee Caves Road Suite 4G			
		Austin, TX 78746			
8	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 Food for Officeholder			
		1 ood for emicentiaer			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	08/30/2024	One American Center Garage			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.00	155 W 7th St			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense			
		Parking Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
	Date	Payee name			
	09/16/2024	Sam's Club			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$69.72	2101 SE Simple Savings Dr			
	400.112	2101 02 omplo davingo Di			
		Bentonville, AR 72716			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Groceries for Capitol Office			
	Complete ONLY if direct expenditure to benefit C/OI	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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/27 Rpt: 32/43	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date 09/06/2024	5 Payee name San Antonio Express News
6	Amount (\$) \$27.72	7 Payee address; City; State; Zip Code P.O. Box 2171
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78205 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/09/2024	Payee name San Antonio Express News
	Amount (\$) \$27.72	Payee address; City; State; Zip Code P.O. Box 2171 San Antonio, TX 78205
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/12/2024	Payee name San Antonio Express News
	Amount (\$) \$27.72	Payee address; City; State; Zip Code P.O. Box 2171
		San Antonio, TX 78205
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	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 Candidate/Officeholder/Political Committee
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 33/43	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	09/03/2024	Slack Technologies, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$52.05	415 Mission St	
		San Francisco, CA 94105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	·	Check if Austin, TX, officeholder living expense
		Sid	ff Communication Software
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	5.		
	Date	Payee name	
	08/05/2024	Slack Technologies, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.94	Salesforce Tower, 415 Mission St	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
	EXPENDITURE	Office Overficad/Nertial Experise	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			ofference of the content of the cont
			5 5
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	07/03/2024	Slack Technologies, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.23	415 Mission St	
		San Francisco, CA 94105	
	PURPOSE	<u> </u>	porinting
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Sta	off Messaging Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1 	

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 Solarios (Contract Labor,

	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: 18/27 Rpt: 34/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/09/2024	Speakeasy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.60	412 Congress Ave.
		D
		Austin, TX 78701
8	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 Food for Capitol Office
		Toda for Capitor Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/03/2024	Texas Civil Rights Project
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 17757
		Austin, TX 78760
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/03/2024	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P.O. Box 15707
		Austin, TX 78761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	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 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

	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: 19/27 Rpt: 35/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/27/2024	Texas Freedom Network
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,548.95	608 W 22nd St
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/13/2024	Texas Gun Sense
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 92722
		Austin, TX 78709
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/07/2024	The Business Journal
	Amount (\$)	Payee address; City; State; Zip Code
	\$223.86	120 W. Morehead st
	¥220.00	Suite 400
		Charlotte, NC 28202
	DUDDOCE	
	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	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	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 Comm

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/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 20/27 Rpt: 36/43	Howard, Donna S. (The Honorable)	00042130			
4	Date	5 Payee name				
	09/04/2024	The New York Times Company				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$21.28	620 Eighth Avenue				
		New York, NY 10018				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Onice Overnead/Nental Expense	outside of Texas. Complete Schedule T.			
		Newspaper S	, TX, officeholder living expense			
		Newspaper	abscription			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	expenditure to benefit C/OI		Office field			
⊨	Date	Payee name				
	09/03/2024	The New York Times Company				
	Amount (\$) \$18.09	Payee address; City; State; Zip Code				
	\$18.09	620 Eighth Avenue				
		New York, NY 10018				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T.			
		Newspaper S	, TX, officeholder living expense			
		Newspaper C	oubscription			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	•				
-	Date	Payee name				
	08/12/2024	The New York Times Company				
	Amount (\$) \$18.09	Payee address; City; State; Zip Code				
	\$10.09	620 Eighth Avenue				
		New Yerls NIV 10010				
		New York, NY 10018				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autoido ef Touro Conselato Cabadula T			
	EXPENDITURE	Office Overricad/Nertial Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
		Newspaper S				
			•			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					
ı						

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

	Candidate/Officeholder/Politica			Giff/Awards/Memorials Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 21/27 Rpt: 37/43		Howard, Do	nna S. (The Ho	norable)					00042130		
4	Date	5	Payee name									
	08/06/2024			ork Times Comp	oany							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$21.28		620 Eighth A	Avenue								
			New York, N	IY 10018								
8	PURPOSE	(a)	Category (sc	e Categories listed at t	ho ton of this school	ulo)	(b)	Description				
	OF	 ` ´		nead/Rental Ex		uie)	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living	j expense	
								Newspaper S	Sub	scription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice soug	ght			Office h	eld	
		_										
	Date		Payee name									
	07/15/2024		The New Yo	ork Times Comp	oany							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$18.09		620 Eighth A	Avenue								
			New York, N	IY 10018								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=		de of Texas. Com officeholder living	plete Schedule T.	
								Newspaper S			g expense	
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Off	ice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н					-					
_	Date		Payee name									
	07/09/2024		•	ork Times Comp	oany							
	Amount (\$)		Payee addres		State;	Zip Cod	de					
	\$21.28		620 Eighth A	-	,							
			· ·									
			New York, N	IY 10018								
	PURPOSE	(a)		e Categories listed at t	be too of this selection	ula)	(b)	Description				
	OF	(-,		e calegories listed at t nead/Rental Ex		uie)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				,					officeholder living	g expense	
								Newspaper S	Sub	scription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice soug	ght			Office h	eld	
	onponditure to benefit 6/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Cara r dyment		The Instruction Guide ex	plains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FIL	ER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 38/43	Ho	ward, Donna S. (The Honorab	le)		00042130
4	Date	5 Pay	vee name			•
	09/06/2024	l	e Rocket Science Group, LLC			
6	Amount (\$)	7 Pay	vee address; City;	State; Zip Co	de	
	\$57.56	675	5 Ponce De Leon Ave NE, Sui	te 5000		
		Atla	anta, GA 30308			
8	PURPOSE	(a) Cat	egory (See Categories listed at the top of	this schodulo)	(b)	Description
	OF		ice Overhead/Rental Expense		(- ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin, TX, officeholder living expense
						Campaign Email Vendor
9	Complete ONLY if direct expenditure to benefit C/OI		lidate/Officeholder name	Office sou	ght	Office held
	experialitare to beliefit eroi	•				
	Date	Pay	vee name			
	08/06/2024	The	e Rocket Science Group, LLC			
	Amount (\$)	Pay	vee address; City;	State; Zip Co	de	
	\$57.56	675	5 Ponce De Leon Ave NE, Sui	te 5000		
		Atla	anta, GA 30308			
	PURPOSE	(a) Cat	egory (See Categories listed at the top of	this schedule)	(b)	Description
	OF EXPENDITURE		ice Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE					Check if Austin, TX, officeholder living expense
						Campaign Email Vendor
	Complete ONLY if direct	Cand	lidate/Officeholder name	Office sou	aht	Office held
	expenditure to benefit C/OI		nate/Oniceriolaer name	Office 30th	giit	Office field
-	Data					
	Date 07/08/2024	l *	vee name e Rocket Science Group, LLC			
			• • • • • • • • • • • • • • • • • • • •	0:: 7: 0		
	Amount (\$)	l .		State; Zip Co	ae	
	\$57.56	6/5	5 Ponce De Leon Ave NE, Sui	te 5000		
		١				
		Atla	anta, GA 30308			
	PURPOSE OF	l	egory (See Categories listed at the top of		(b)	Description
	EXPENDITURE	Off	ice Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Campaign Email Vendor
						Jampaign Linai Volladi
H	Complete ONLY if direct	Cano	lidate/Officeholder name	Office sou	aht	Office held
	expenditure to benefit C/OI		nate, Omocholael Hame	Office 30th	Aiir	Cinco Hold

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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 23/27 Rpt: 39/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/05/2024	Thundercloud
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.48	203 E Riverside Dr
		Austin, TX 78704
8	PURPOSE	
٠	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
		Food for Officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	1
	Date	Payee name
	09/26/2024	Town Park Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	701 E 11th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EX. ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Parking Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D-4-	
	Date	Payee name Travia County Democratic Party
	08/23/2024	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,000.00	1611-B E. 6th St.
		Austin, TX 78702
	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
		Coordinated Campaign Donation
	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 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,

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<u> </u>				
	Sch: 24/27 Rpt: 40/43	Howard, Donna S. (The Honorable) 00042130				
4	Date	5 Payee name				
	09/16/2024	Wal-Mart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$19.85	702 SW 8th St				
		Bentonville, AR 72716				
8	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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Groceries for Capitol Office				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/30/2024	Wanderlust Wine				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$45.44	610 N Interstate Hwy 35				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Food for Capitol Office				
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/23/2024	Westlake Eanes Democrats				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$52.95	2 Jeffery Cv.				
		Rollingwood, TX 78746				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Bondaon				
	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 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: 25/27 Rpt: 41/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/03/2024	Ylana Gonzalez, Kristen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,525.00	8004 Swindon Lane
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/01/2024	Ylana Gonzalez, Kristen
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,525.00	8004 Swindon Lane
		Austin, TX 78745
	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 Staff Pay
		Starr dy
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/02/2024	Ylana Gonzalez, Kristen
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,525.00	8004 Swindon Lane
	·	
		Austin, TX 78745
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 26/27 Rpt: 42/43	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	08/30/2024	Zach Theatre	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.20	202 S Lamar Blvd	
		Austin, TX 78704	
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	
		Food for Capitol Office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	08/30/2024	Zach Theatre	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$39.60	202 S Lamar Blvd	
		Austin, TX 78704	
	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	
		Food for Capitol Office	
		i sea lei sapilei simos	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	09/04/2024	Zoom Video Communications Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$17.05	55 Almaden Blvd.	
		6th Floor	
		San Jose, CA 95113	
	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	
		Video Conferencing Subscription	
\vdash	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 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	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: 27/27 Rpt: 43/43	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/05/2024	Zoom Video Communications Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
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 Video Conferencing Subscription
		Video Conferencing Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	07/05/2024	Zoom Video Communications Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
	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 Video Conferencing Subscription
		Video Conferencing Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1