GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00087452		2 Total pages filed: 30	
3	COMMITTEE NAME				┢	OFFICE USE ONL	Y
	RESTORE TRUST	TEXAS (RTT)			┟	Date Received	
						ELECTRONICALLY FILE	D
					- 1	10/07/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	τv·	STATE; ZIP CODE	┥		
ו	ADDRESS	PO Box 26677	••,	STATE, ZIF CODE	ļ		
	_					Date Hand-delivered or Date Postmar	ked
	Change of Address	Austin, TX 78755			┟	Receipt # Amount	
						Amount Amount	
					ł	Date Processed	
					ľ	Date Imaged	
L							
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST			N	И	
	NAME	Mrs. Caitlyn B.					
		NICKNAME LAST			ç	SUFFIX	
		Tortorici					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY	<i>.</i>	STATE; ZI	P CODE
ľ	TREASURER	421 Office Park Drive			,	STATE, ZI	
	STREET ADDRESS						
	(Residence or Business)	Mountain Brook, AL 35223					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CIT	v.	STATE; ZI	P CODE
Ľ	TREASURER	421 Office Park Drive		ALT JOILE #, UI	۰,	STATE, ZI	
	MAILING ADDRESS	HELL OINCE FAIR DIVE					
		Mountain Brook AL 25222					
	Change of Address	Mountain Brook, AL 35223					
8	CAMPAIGN TREASURER		EX	TENSION			
	PHONE	(205) 440-2873					
	PEDODT				_		
9	REPORT TYPE	January 15 X 3	0th	day before election		Dissolution (Attach PAC-DR)	
			th d	ay before election		10th day after campaign treas termination	urer
		July 15 — R	Runc	ff	_	lemmanuli	
	PEDIOD	Month Day Year		Menth Dev		Voor	
110	PERIOD COVERED	Month Day Year 07/01/2024 T	HR	Month Day OUGH 09/26/20		Year	
					<u>~</u> 4		
11	ELECTION	ELECTION DATE		ELECTION TYPE			
			Prin	nary Runoff		Other	
		11/05/2024	Gen	eral Special		_	
\vdash	I						
	GO TO PAGE 2						
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

		Γ				
12 COMMITTEE NAME RESTORE TRUST TEX	(AS (RTT)		13 Filer ID00087452	(Ethics Commission Filers)		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,360.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	34,503.41		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	58,098.54		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation require	accompanying report is d to be reported by me		
		Mrs. Caitlyr	n B. Tortorici			
		Signature of Car	mpaign Treasu	irer		
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said day of, this the day of, 20, to certify which, witness my hand and seal of office.						
-	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

SUBTOTALS - GPAC	с		RM GPAC НЕЕТ Р G 3 3 of 30
17 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)	18 Filer ID 00087452	(Ethics Cor	mmission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBT	OTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,610.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,000.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	750.00
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. SCHEDULE E: LOANS		\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,312.63
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	5,190.78
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	35.47

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		RUST TEXAS (RTT)			00087452	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/14/2024	BOYLAN, MATTHEW				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		MADISON, NJ 07940		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED		RETIRED	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	BRAMNICK, BRENT				\$1,000.00
		Contributor address; City; State; Zip Code				
		WESTELD NI 07000				
L	Dringing ogg	WESTFIELD, NJ 07090	Employer (See Instructions	<u> </u>		
	ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions BRAMNICK LAW	5)		
╞			-			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	** *** ***
	09/12/2024	CALANDRA, ANTHONY				\$1,000.00
		Contributor address; City; State; Zip Code				
		NEWARK, NJ 07107				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	CEO		CALANDRA'S	5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	08/07/2024	Full name of contributor out-of-state PAC (ID#: CHAPARALA, PRAVEEN)		Amount of Contribution (\$)	\$10.00
	00/07/2024					Φ10.00
		Contributor address; City; State; Zip Code				
		DALLAS, TX 75230				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	RETIRED	· · · · · · · ·	RETIRED	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/16/2024	DARROW, LAWRENCE	/		(*)	\$100.00
		Contributor address; City; State; Zip Code		ł		
		WESTFIELD, NJ 07090				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EQUITY CA	PITAL MARKETS	VIRTU FINANCIAL, INC	С.		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	RESTORE 1	IRUST TEXAS (RTT)			00087452	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/10/2024	FRELINGHUYSEN, RODNEY)		(1)	\$1,000.00
		6 Contributor address; City; State; Zip Code				+=,000100
		6 Contributor address, City, State, Zip Code				
		MORRISTOWN, NJ 07960				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
-	SENIOR DIF		GREENBERG TRAURI			
╞				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* =00.00
	08/31/2024	GRAVINO, RONALD				\$500.00
		Contributor address; City; State; Zip Code				
		EDISON, NJ 08818				
		pation / Job title (See Instructions)	Employer (See Instructions			
	SR. VP FINA	ANCE	INVIDI TECHNOLOGIE	S	CORP.	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/02/2024	HERNANDEZ, JOHN				\$200.00
		Contributor address; City; State; Zip Code		1		
		AUSTIN, TX 78702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	MANAGING	PARTNER	CORVUS ADVISORS			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/02/2024	HERNANDEZ, JOHN				\$200.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	MANAGING		CORVUS ADVISORS			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	09/02/2024	HERNANDEZ, JOHN)			\$200.00
	00/02/2024					\$200.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78702				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	MANAGING		CORVUS ADVISORS	"		

SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1 Sch: 3/6 Rpt: 6/30	
2	FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)
		TRUST TEXAS (RTT)		00087452	5010111 110:07
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (S	\$)
	09/26/2024	HURTADO, MICHAEL			\$250.00
	I	6 Contributor address; City; State; Zip Code		1	
		TRENTON, NJ 08610			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	CASHIER/A	TTENDANT	MERCER COUNTY IMP	PROVEMENT AUTHORIT	Y
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/19/2024	ISOLDI, FRANK D.			\$250.00
		Contributor address, City, State, Zip Code			
		WESTFIELD, NJ 07090			
	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	REALTOR		COLDWELL BANKER	>)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (S	
	07/12/2024	JONAS, GLEN			\$10,000.00
	1	Contributor address; City; State; Zip Code		1	
		CEDARBURG, WI 53012			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
	CEO		RF TECHNOLOGIES, II	NC	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (S	\$)
	09/05/2024	KORTH, TIM			\$1,000.00
	I	Contributor address; City; State; Zip Code		4	
		NAPLES, FL 34103			
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)	
	RETIRED		RETIRED	,	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (<u>ታ</u> ነ
	09/10/2024	Full name of contributor out-of-state PAC (ID#: KYRILLOS, JOSEPH)		^{⊅)} \$250.00
	09/10/2024				φ200.00
		Contributor address; City; State; Zip Code			
		RED BANK, NJ 07701	 		
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)	
	RETIRED		RETIRED		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		IRUST TEXAS (RTT)			00087452	
4		5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/07/2024			ľ	,	\$100.00
		6 Contributor address; City; State; Zip Code				T · · · ·
		GILBERT, AZ 85233				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	NAIL TECH		NAIL 8000 WAXING			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/07/2024	LEVY, BRIAN				\$500.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78746				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	CONSULTA	NT	SELF EMPLOYED			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2024	LOVELACE, DON				\$1,000.00
		Contributor address; City; State; Zip Code				
		DENTON, TX 76208				
	-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	PRESIDENT	Ĩ	LILY OF THE DESERT			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/09/2024	MCFARLAND, JAMES				\$100.00
		Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
		MILWAUKEE, WI 53202	t			
		upation / Job title (See Instructions)	Employer (See Instructions			
	ATTORNEY		NORTHWESTERN MU	ΤU	AL	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	09/26/2024	PALATUCCI, BILL				\$250.00
		Contributor address; City; State; Zip Code				
	D i sizzi essi	WESTFIELD, NJ 07090		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions			
	PARTNER		MCCARTER & ENGLIS		_LP	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/6 Rpt: 8/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RESTORE TRUST TEXAS (RTT)** 00087452 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/26/2024 PEENE, RYAN \$250.00 6 Contributor address; City; State; Zip Code HOBOKEN, NJ 07030 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SENIOR VICE PRESIDENT UNITY BANK Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/26/2024 \$1,000.00 PFALTZ, MARILYN Contributor address; City; State; Zip Code **SUMMIT, NJ 07901** Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/13/2024 RYAN, RICHARD \$1,000.00 Contributor address; City; State; Zip Code FREEHOLD, NJ 07728 Principal occupation / Job title (See Instructions) Employer (See Instructions) CHIROPRACTOR CENTRAL JERSEY REHAB ASSOCIATES Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 09/26/2024 \$250.00 SORRENTINO, MYRIAM Contributor address; City; State; Zip Code MONROE TOWNSHIP, NJ 08831 Principal occupation / Job title (See Instructions) Employer (See Instructions) PHYSICIAN PRINCETON PERINATAL Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/21/2024 \$250.00 STUDWELL, RODGER Contributor address; City; State; Zip Code WESTFIELD, NJ 07090 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RESTORE TRUST TEXAS (RTT)** 00087452 Date 5 Full name of contributor Amount of Contribution (\$) 4 out-of-state PAC (ID#: 7 08/22/2024 SUJANTHAKUMAR, SANJAY \$250.00 6 Contributor address; City; State; Zip Code WESTFIELD, NJ 07090 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CORPORATE COMMUNICATIONS ASSOCIATE NASDAO Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/28/2024 \$100.00 ZEIDMAN, JAY Contributor address; City; State; Zip Code HOUSTON, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) MANAGING PARTNER ALTITUDE VENTURES Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/28/2024 ZEIDMAN, JAY \$100.00 Contributor address; City; State; Zip Code HOUSTON, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) MANAGING PARTNER ALTITUDE VENTURES

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 10/30
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	RESTORE	TRUST TEXAS (RTT)			00087452
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5	Date 09/16/2024	 Full name of contributor out-of-state PAC (ID#: BRAMNICK, JON 7 Contributor address; City; State; Zip Code WESTFIELD, NJ 07090)	8	Amount of ontribution (\$) Amount of description \$2,000.00 FOOD / BEVERAGE
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	JDICIAL) (See instructions)
	ATTORNEY	/	BRAMNICK LAW		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 11/30
2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	RESTORE TRUST TEXAS (RTT)			00087452
4	Date	5 Corporation / Labor Organization name	7	Amount of contribution (\$)
	09/26/2024	LEIV & STEINBERG LLP		\$500.00
		6 Corporation / Labor Organization address; City; State; Zip Code		
		NEW YORK, NY 10004		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	09/09/2024	NORTHEAST REMSCO CONSTRUCTION		\$250.00
		Corporation / Labor Organization address; City; State; Zip Code	-	
		TOMS RIVER, NJ 08755		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/13 Rpt: 12/30	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date	5 Payee name	
08/05/2024	AMERICAN EXPRESS	
6 Amount (\$) \$381.41	7 Payee address; City; State; Zip Code 200 VESEY STREET	
Expenditure from corporate funds	NEW YORK, NY 10285	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL AND DATA SERVICES 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/27/2024	AMERICAN EXPRESS	
Amount (\$)	Payee address; City; State; Zip Code	
\$122.17	200 VESEY STREET	
Expenditure from corporate funds	NEW YORK, NY 10285	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, DATA AND WEB SERVICES 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/09/2024	ANEDOT	
Amount (\$)	Payee address; City; State; Zip Code	
\$8.30	1340 POYDRAS STREET	
	STE 1770	
Expenditure from corporate funds	NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/13 Rpt: 13/30	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date	5 Payee name	
07/16/2024	ANEDOT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$400.30	1340 POYDRAS STREET	
Expenditure from	STE 1770	
corporate funds	NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/23/2024	ANEDOT	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.30	1340 POYDRAS STREET	
Expenditure from corporate funds	STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/31/2024	ANEDOT	
Amount (\$) \$4.30 Expenditure from corporate funds	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

	EXPENDITURE CATEGORIES FOR	BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp - Gift/Awards/Memorials Expense Printing Exp	pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 14/30	RESTORE TRUST TEXAS (RTT)	00087452
4 Date	5 Payee name	
08/04/2024	ANEDOT	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$8.30	1340 POYDRAS STREET	
Expenditure from	STE 1770	
corporate funds	NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ght Office held
Date	Payee name	
08/11/2024	ANEDOT	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$29.61	1340 POYDRAS STREET	
Expenditure from corporate funds	STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	yht Office held
Date	Payee name	
08/25/2024	ANEDOT	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$30.93	1340 POYDRAS STREET	
Expenditure from	STE 1770	
corporate funds	NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office souc	ght Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Rel Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	lated Expense
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Com	nmission Filers)
Sch: 4/13 Rpt: 15/30	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date	5 Payee name	
09/01/2024	ANEDOT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$24.60		
Expenditure from	STE 1770	
corporate funds	NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description	т.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH	
Date	Payee name	
09/09/2024	ANEDOT	
Amount (\$)	Payee address; City; State; Zip Code	
\$48.60	1340 POYDRAS STREET	
Expenditure from corporate funds	STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES	т.
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH	
Date	Payee name	
09/16/2024	ANEDOT	
Amount (\$)	Payee address; City; State; Zip Code	
\$121.52	1340 POYDRAS STREET	
Expenditure from	STE 1770	
corporate funds	NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule in Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES 	т.
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking 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: 5/13 Rpt: 16/30	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date 09/23/2024	5 Payee name ANEDOT	
6 Amount (\$) \$4.30 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/16/2024	BRAMNICK, JON	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	14 KIMBALL CIR	
Expenditure from corporate funds	WESTFIELD, NJ 07090	
PURPOSE OF EXPENDITURE	 (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. Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/01/2024	CAPRIGLIONE, GIO (Rep.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1352 TEN BAR TRAIL	
Expenditure from corporate funds	SOUTHLAKE, TX 76092	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS 	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/13 Rpt: 17/30	RESTORE TRUST TEXAS (RTT) 00087452		
4 Date	5 Payee name		
07/12/2024	CATCH DIGITAL STRATEGY		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,250.00	2714 WASHINGTON STREET		
	#163		
Expenditure from corporate funds	GREENVILLE, TX 75401		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	DIGITAL MEDIA CONSULTING		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/06/2024	CATCH DIGITAL STRATEGY		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	2714 WASHINGTON STREET		
	#163		
Expenditure from corporate funds	GREENVILLE, TX 75401		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/12/2024	CATCH DIGITAL STRATEGY		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,250.00	2714 WASHINGTON STREET		
	#163		
Expenditure from corporate funds	GREENVILLE, TX 75401		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E r - Gift/Awards/Memorials Expense Printing E	payment/Reinfursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District /Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/13 Rpt: 18/30	RESTORE TRUST TEXAS (RTT)	00087452
4 Date 07/16/2024	5 Payee name CROSBY OTTENHOFF GROUP	
6 Amount (\$)	7 Payee address; City; State; Zip City;	`ode
\$1,116.25	421 OFFICE PARK DR	
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ought Office held
Date	Payee name	
08/26/2024	CROSBY OTTENHOFF GROUP	
Amount (\$)	Payee address; City; State; Zip Co	Code
\$2,291.25	421 OFFICE PARK DR	
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held		ught Office held
Date	Payee name	
09/11/2024	CROSBY OTTENHOFF GROUP	
Amount (\$) \$528.75	Payee address; City; State; Zip Co 421 OFFICE PARK DR	ode
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ught Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/13 Rpt: 19/30	RESTORE TRUST TEXAS (RTT)	00087452
4 Date	5 Payee name	
07/01/2024	FUTURE FIRST SA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	805 PINON BLVD	
Expenditure from corporate funds	SAN ANTONIO, TX 78260	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense NS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
07/01/2024	GINA ROSSINI CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO BOX 170122	
Expenditure from corporate funds	IRVING, TX 75017	
PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense NS
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
07/01/2024	GUILLEN, RYAN (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO BOX 1024	
Expenditure from corporate funds	AUSTIN, TX 78767	
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By 	vel outside of Texas. Complete Schedule T.
EXPENDITURE		stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees G Food/Beverage Expense G Gift/Awards/Memorials Expense G	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 9/13 Rpt: 20/30	RESTORE TRUST TEXAS (RTT)		00087452
4 Date	5 Payee name		
08/27/2024	HOLTZMAN VOGEL, PLLC		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$2,440.00	15405 JOHN MARSHALL HIGHWAY		
Expenditure from corporate funds	HAYMARKET, VA 20169		
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
OF EXPENDITURE	Legal Services		side of Texas. Complete Schedule T.
			K, officeholder living expense
		LEGAL CONSC	JETING
		· .	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ice sought	Office held
Date	Payee name		
09/26/2024	HOLTZMAN VOGEL, PLLC		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2,184.00	15405 JOHN MARSHALL HIGHWAY		
Expenditure from			
corporate funds	HAYMARKET, VA 20169		
PURPOSE OF	(a) Category (See Categories listed at the top of this sched		
EXPENDITURE	Legal Services		side of Texas. Complete Schedule T. <, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OI			
Date	Payee name		
07/01/2024	LUJAN, JOHN (Rep.)		
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,000.00	PO BOX 14479		
Expenditure from corporate funds	SAN ANTONIO, TX 78214		
PURPOSE OF	(a) Category (See Categories listed at the top of this sched		
EXPENDITURE	Contributions/Donations Made By		side of Texas. Complete Schedule T. <, officeholder living expense
	Candidate/Officeholder/Political Commit		
Complete ONLY if direct	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OI		เปีย รับนั้นเป็น	Onice neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District r - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/13 Rpt: 21/30	RESTORE TRUST TEXAS (RTT) 00087452
4 Date 07/01/2024	5 Payee name PINE COVE CAPITAL, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$175.00	601 CONGRESS AVE
	STE 300
Expenditure from corporate funds	AUSTIN, TX 78701
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DATA SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/01/2024	PINE COVE CAPITAL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	601 CONGRESS AVE
Expenditure from corporate funds	STE 300 AUSTIN, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense DATA SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/08/2024	PINE COVE CAPITAL, LLC
Amount (\$) \$137.74 Expenditure from corporate funds	Payee address; City; State; Zip Code 601 CONGRESS AVE STE 300 AUSTIN, TX 78701
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 DATA SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/13 Rpt: 22/30	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date	5 Payee name	
09/05/2024	PINE COVE CAPITAL, LLC	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 601 CONGRESS AVE STE 300 AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DATA SERVICES 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/01/2024	RAMSEY, TOM (Commissioner)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO BOX 55385	
Expenditure from corporate funds	HOUSTON, TX 77255	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/01/2024	REPUBLICAN MAYORS ASSOCIATION	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO BOX 225841	
Expenditure from corporate funds	DALLAS, TX 75222	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS 	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking 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: 12/13 Rpt: 23/30	2 FILER NAME 3 FILER NAME 3 FILER NAME RESTORE TRUST TEXAS (RTT) 00087452		
4 Date	5 Payee name		
08/06/2024	SCKOLNIK CPA, HOWARD		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$900.00	8203 E SIERRA PINTA DR		
Expenditure from corporate funds	SCOTTSDALE, AZ 85255		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ACCOUNTING		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
07/03/2024	SENTINEL STRATEGIC ADVISORS, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	1250 CONNECTICUT AVE NW		
	STE 700		
Expenditure from corporate funds	WASHINGTON, DC 20036		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
08/01/2024	SENTINEL STRATEGIC ADVISORS, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,640.00	1250 CONNECTICUT AVE NW		
	STE 700		
Expenditure from corporate funds	WASHINGTON, DC 20036		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food//Beverage Expense Polling Expense Travel out of District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/13 Rpt: 24/30	RESTORE TRUST TEXAS (RTT) 00087452
4 Date 07/01/2024	5 Payee name TIJERINA, JAIME (Judge)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO BOX 55385
Expenditure from corporate funds	HOUSTON, TX 77255
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD				SCHEDULE	F4
	EXPE	ENDITURE CATEGORI	ES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Awards I Committee Legal Servi	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraising Expense ransportation Equipment & Related Ex ravel in District ravel Out of District THER (enter a category not listed abo	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Sch: 1/5 Rpt: 25/30	RESTORE TRUST	TEXAS (RTT)		00087452	
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED		
ISSUER		n Express	EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from corporate funds	\$38.38	09/01/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code
			1600 AMPHITHEATRE P	KWY	
	GOOGLE				
			MOUNTAIN VIEW, CA 94	4043	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description		
			DATA SERVICES		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin, TX	, officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held	
expenditure to benefit C/OH					
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from corporate funds	\$341.14	09/18/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	HILTON SHORT HI	1115	41 JOHN F KENNEDY P	KWY	
			SHORT HILLS, NJ 07078	3	
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	TRAVEL		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Off	fice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from corporate funds	\$295.28	08/29/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
			233 S WACKER DR		
	UNITED AIRLINES				
			CHICAGO, IL 60606		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE (See Categories listed at the top of this schedule) TRAVEL Travel Out of District					
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held	
expenditure to benefit C/OH					

EXPENDITURE	SCHEDULE F4			
	EXPE	ENDITURE CATEGORI	ES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award I Committee Legal Serv	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense Ti Polling Expense Ti Printing Expense Ti	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District ITHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 26/30	RESTORE TRUST	TEXAS (RTT)		00087452
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER		revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
Expenditure from corporate funds	\$224.04	08/27/2024		
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
			3220 EXECUTIVE RDG	
	101DOMAIN		STE 101	
			VISTA, CA 92081	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		WEB SERVICE	
X Political	Office Overhead/Rent	lai Expense		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austin TX	, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	fice sought	Office held
expenditure to benefit C/OH			0	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
Expenditure from corporate funds	\$205.00	07/13/2024		
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
			19 RIVER RD	
	CAPE ARUNDEL G	SOLF CLUB		
			KENNEBUNKPORT, ME	04046
PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description	
	Travel Out of District	of this schedule)	FOOD / BEVERAGE	
X Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
Expenditure from corporate funds	\$38.38	07/01/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	000015		1600 AMPHITHEATRE P	YKWY
	GOOGLE			
			MOUNTAIN VIEW, CA 94	4043
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE (See Categories listed at the top of this schedule) DATA SERVICES Office Overhead/Rental Expense DATA SERVICES				
X Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin. TX	, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held
expenditure to benefit C/OH			-	

EXPENDITURE CATEGORIES FOR BOX 10(a) Catality Description Catality Description	EXPENDITURES MADE BY CREDIT CARD					SC	HEDUL	e F4
Accounting backing contributions Percent (a) 2 enclosed Percent (a) 2 enclosed Didle of wheth the largener stress backing backets Image backes Image backets <t< th=""><th></th><th>EXPE</th><th>NDITURE CATEGOR</th><th>IES FOR BOX 10(a)</th><th></th><th></th><th></th><th></th></t<>		EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)				
1 Total pages Schedule F4: 2 FILER NAME 3 Filer 1D (Ethics Commission Files) 2 CREDIT CARD Name of financial institution see previous 5 TOTAL OF UNITENESS EXPENDITURES 00007452 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 5 7 PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Siale, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (b) Category (c) Description TRAVEL Clip Card Issuer Paid 9 Complete DNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete DNLY if direct (a) Amount Charged (b) Date of Charge Office sought Office held 9 Complete DNLY if direct Candidate/Officeholder name Office sought Office held Office held 9 PAYEE (a) Payee name Office beld (b) Date of Charge Office sought Office held 9 Complete DNLY if direct Candidate/Officeholder name Office sought Office held Office held 9 Polytical	Accounting/Banking Consulting Expense Contributions/ Donations Made By	Fees Food/Beve Gift/Awards	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Tra Tra Tra	ansportation Equipme avel in District avel Out of District	ent & Related E	
Sch: 3/5 Rp: 27/30 RESTORE TRUST TEXAS (RTT) 00087452 GREDIT CARD ISCREDIT CARD CREDIT CARD Compose funds Name of financial institution see previous 5 TOTAL OF UNITEMIZED CRARCED TO A CREDIT Compose funds S 6 PAYMENT Compose funds (a) Amount Charged \$102.00 (b) Date of Charge 07/18/2024 (c) parces (Credit Card Issuer Paid S 7 PAYEE (a) Payee name Compose funds (b) Category (compose funds (c) parces (Credit Card Issuer Paid State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (compose funds (b) Category (compose funds (c) Category (compose fun			ruction Guide explains h	now to complete this form.				
4 CREDIT CARD ISUER Name of financial institution see previous 5 TOTAL OF LWITEMIZED CHARGED TO A CREDIT CHARGED TO A CREDIT CHARGED TO A CREDIT COMPARENT 5 6 PAYMENT (a) Amount Charged S102.00 (b) Date of Charge 07/18/2024 (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name PRESTIGE CAR SERVICE (b) Payee address; AUSTIN, TX 78753 City, State, Zip Code State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (or Caupyon limited at the top of the schedule) Travel In District City, Travel In District City, Travel In District City, State, Zip Code State, Zip Code 9 Complete DMLV if direct corporate funds (a) Amount Charged \$S08.98 (b) Description TRAVEL City, State, Zip Code State, Zip Code PAYMENT (a) Amount Charged SOUTHWEST AIRLINES (b) Payee address; Zip Code City, State, Zip Code State, Zip Code PAYEE (a) Payee name Complete DMLV if direct Complete DMLV if direct Complete DMLV if direct Complete Montor Caudidate/Officeholder name Office sought City, State, Zip Code State, Zip Code PAYEE (a) Calegory Fravel Out of District (b) Payee address; Zip Code City, State, Zip Code State, Zip Code PAYEE (a) Calegory Fravel Out of District (b) De							ics Commiss	sion Filers)
SSUER See previous EXPENDITURES CARGED TO A CREDIT CARGED TO A CREDIT \$ 6 PAYMENT Expenditure from coporate funds (a) Amount Charged S102:00 (b) Date of Charge 07/18/2024 (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name EXPENDITURE (b) Payee address: Cardidate of the set of this schedule) Oity. State. Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Travel In District (b) Date of Charge 0/7/08/2024 (b) Description TRAVEL Catedory No. 9 Complete DNLY if direct expenditure to be neft COH Candidate/Officeholder name Office Sought Office held PAYEE (a) Amount Charged S508.98 (b) Date of Charge 07/08/2024 (c) Date(s) Credit Card Issuer Paid Zip Code PAYEE (a) Amount Charged S508.98 (b) Date of Charge 07/08/2024 (c) Date(s) Credit Card Issuer Paid Zip Code PAYEE (a) Amount Charged S508.98 (b) Date of Charge 07/08/2024 (b) Payee address; City. City. State. Zip Code PAYEE (a) Category Complete DNLY if direct expenditure tom coporate funds (b) Payee address; City. City. State. Zip Code PURPOSE OF EXPENDITURE (a) Category Candidate/Officeholder name (b) Description TRAVEL City. State. Zip Code PURPOSE OF EXPENDITURE <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>00087452</td> <td></td> <td></td>	•					00087452		
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8 PURPOSE OF EXPENDITURE (a) Category (b) Description Travel In District (b) Description TRAVEL 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Travel Out of District (b) Description Travel Out of District (b) Description Travel Out of District (c) Date(s) Credit Card Issuer Paid PAYEE (a) Amount Charged (b) Description (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid PURPOSE OF Expenditure to benefit C/OH (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code 1455 MARKET ST #400 SAN FRANCISCO, CA 94103		PRESTIGE CAR SI	ERVICE	11331 N LAMAR E	BLVD			
8 PURPOSE OF EXPENDITURE (a) Category (b) Description Travel In District (b) Description TRAVEL 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Travel Out of District (b) Description Travel Out of District (b) Description Travel Out of District (c) Date(s) Credit Card Issuer Paid PAYEE (a) Amount Charged (b) Description (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid PURPOSE OF Expenditure to benefit C/OH (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code 1455 MARKET ST #400 SAN FRANCISCO, CA 94103					2			
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expenditure from corporate funds (a) Amount Charged \$508.98 (b) Date of Charge 07/08/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Category (b) Cate of this schedule) Travel Out of District DALLAS, TX 75235 PURPOSE OF (a) Category (b) Cate of this schedule) Travel Out of District Travel Out of District (b) Description Non-Political (c) Check if ruwel outside of Texas. Complete Schedule) Check if Austin.TX, officeholder lowing expense Complete QNLY if direct (a) Amount Charged (b) Date of Charge Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge Office sought Office held PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid UBER PAYEE (a) Category (b) Date of Charge (b) Payee address; City, State, Zip Code PAYEE (a) Category (b) Date of Charge (b) Payee address; City, State,			•		Ausun, TA, G		pense	
Expenditure from corporate funds \$508.98 07/08/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR 2702 LOVE FIELD DR DALLAS, TX 75235				inee cougin				
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PAYEE SOUTHWEST AIRLINES 2702 LOVE FIELD DR Zip Code PURPOSE OF (a) Category DALLAS, TX 75235 DALLAS, TX 75235 PURPOSE OF (a) Category (b) Description TRAVEL TRAVEL Non-Political (c) Check if traveloutside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete QNLY if direct Complete QNLY if direct candidate/Officeholder name Office sought Office held Southymappense PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Zip Code PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Zip Code PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Zip Code PAYEE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Souther Single Conception Zip Code PURPOSE OF (a) Category (see Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL Zip Code </th <th>PAYMENT</th> <th>(a) Amount Charged</th> <th>(b) Date of Charge</th> <th>(c) Date(s) Credit Ca</th> <th>d Issuer</th> <th>Paid</th> <th></th> <th></th>	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	d Issuer	Paid		
Image: Solution of the point of the po		\$508.98	07/08/2024					
SOUTHWEST AIRLINES DALLAS, TX 75235 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL Non-Political (c)	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL Image: Description Travel Out of District TRAVEL Image: Description Travel Out of District TRAVEL Image: Description Travel Out of District TRAVEL Image: Description Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYMENT corporate funds (a) Amount Charged \$22.94 (b) Date of Charge 09/17/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name UBER (b) Payee address; City, State, Zip Code 1455 MARKET ST #400 SAN FRANCISCO, CA 94103 UBER (b) Description TRAVEL TRAVEL PURPOSE OF EXPENDITURE Image: Political Image: Political (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL TRAVEL PURPOSE OF EXPENDITURE Image: Political Image: Political (c) Check if travel outside of Texas. Complete Schedule) Travel Out of District (b) Description TRAVEL Complete ONLY if direct Can		SOUTHWEST AIRLINES		2702 LOVE FIELD	DR			
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Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYMENT corporate funds (a) Amount Charged \$22.94 (b) Date of Charge 09/17/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code UBER (a) Category (b) Date of this schedule) (b) Date of this schedule) Table Schedule T. (b) Description PURPOSE OF EXPENDITURE (a) Category (b) Category (b) Description TRAVEL Mon-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	X Political							
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Expenditure from corporate funds \$22.94 09/17/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code UBER UBER UBER 1455 MARKET ST #400 SAN FRANCISCO, CA 94103 PURPOSE OF (a) Category (b) Description TRAVEL TRAVEL X Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held		Candidate/Officeholder	name O	ffice sought		Office held		
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(b) Fayoe name (c) Point (c) Point<		\$22.94	09/17/2024					
UBER #400 SAN FRANCISCO, CA 94103 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		UDER			a • -	4.0.0		
EXPENDITURE (See Categories listed at the top of this schedule) TRAVEL X Political Travel Out of District TRAVEL Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held					, CA 94	103		
Image: Non-Political Travel Out of District Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought Office held			of this schedule)	.,				
Image: Non-Political Image: Complete ONLY if direct Office held		Travel Out of District						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
			•		Austin, TX, d		pense	
		Candidate/Officeholder	name O	πice sought		Office held		

EXPENDITURE	SCHED	ule F4			
	EXPE		ES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Awards I Committee Legal Servi	ense L C rage Expense F s/Memorials Expense F	oan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Trinting Expense T Salaries/Wages/Contract Labor C	olicitation/Fundraising Expense ransportation Equipment & Rela ravel in District ravel Out of District THER (enter a category not liste	·
1 Total pages Schedule F4:	·	•	•	3 Filer ID (Ethics Com	mission Filers)
				00087452	
Sch: 4/5 Rpt: 28/30	RESTORE TRUST			00087432	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
Expenditure from corporate funds	\$14.17	08/05/2024			
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, Stat	e, Zip Code
			3220 EXECUTIVE RDG		
	101DOMAIN		STE 101		
			VISTA, CA 92081		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top of this schedule)		WEB SERVICE		
X Political	Office Overhead/Rent	ai Expense			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
Expenditure from corporate funds	\$766.44	07/12/2024			
PAYEE	(a) Payee name	I	(b) Payee address;	City, Stat	e, Zip Code
			208 OCEAN AVE		
	CAPE ARUNDEL IN	NIN	KENNEBUNKPORT, ME	04046	
PURPOSE OF	(a) Category		(b) Description	0+0+0	
EXPENDITURE	(See Categories listed at the top		FOOD / BEVERAGE		
X Political	Food/Beverage Exper	nse			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	•	ice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
Expenditure from	\$38.38	08/01/2024			
corporate funds	400.00	00/01/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
			1600 AMPHITHEATRE F	YKWY	
	GOOGLE				
			MOUNTAIN VIEW, CA 94	4043	
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		DATA SERVICES		
X Political	Office Overhead/Rent	ai Expense			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held	
expenditure to benefit C/OH					

EXPENDITURES MADE BY CREDIT CARD					SC	HEDUL	e F4
Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense						
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lab	Tra Tra	ansportation Equipme avel in District avel Out of District THER (enter a catego		
	The Inst	ruction Guide explains h	now to complete this form	n.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/5 Rpt: 29/30	RESTORE TRUST	TEXAS (RTT)			00087452		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITURI CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid		
Expenditure from corporate funds	\$90.00	09/16/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address	S;	City,	State,	Zip Code
	PRESTIGE CAR SI	ERVICE	11331 N LAMA	R BLVD			
			AUSTIN, TX 78	753			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Travel In District		TRAVEL				
X Political							
Non-Political		of Texas. Complete Schedule		ck if Austin, TX,	officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid		
Expenditure from corporate funds	\$2,405.65	09/23/2024					
PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code
	SOUTH CONGRES	SS HOTEL	1603 S CONGF				
			AUSTIN, TX 78	704			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description FACILITY REN	ται			
X Political	Event Expense		FACIEITTIKEN	IAL			
Non-Political		of Texas. Complete Schedule		als if Association TV	officebolder living over		
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	ffice sought	JK II AUSUII, TX,	officeholder living exp Office held	Jense	
expenditure to benefit C/OH			inco cougin				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	r Paid		
Expenditure from corporate funds	\$100.00	07/13/2024					
PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code
			208 OCEAN AV	/E			
	CAPE ARUNDEL II	NN	KENNEBUNKP	ORT, ME	04046		
PURPOSE OF	(a) Category		(b) Description	,			
EXPENDITURE	(See Categories listed at the top		FOOD / BEVER	RAGE			
X Political	Food/Beverage Expe	1158					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Chec	ck if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held		
expenditure to benefit C/OH							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		ages Schedule K: ./1 Rpt: 30/30
2	2 FILER NAME 3 Filer ID RESTORE TRUST TEXAS (RTT) 000874					 (Ethics Commission Filers) 2452
					00001	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	08/07/2024		AMERICAN EXPRESS			\$32.38
		6	Address of person from whom amount is received; City; State; Zip Code			•
		ľ	Address of person from whom amount is received, Gity, State, Zip Code			
			NEW YORK, NY 10285			
		7	Purpose for which amount is received Check	k if politi	cal conti	ribution returned to filer
			CASH REBATE			
	Data					
	Date		Name of person from whom amount is received			Amount (\$)
	08/29/2024		AMERICAN EXPRESS			\$3.09
			Address of person from whom amount is received; City; State; Zip Code	•••••		
			······································			
			NEW YORK, NY 10285			
				k if politi	cal conti	ribution returned to filer
			CASH REBATE			