

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087452	2 Total pages filed: 30
3 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 26677 Austin, TX 78755		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Caitlyn B. NICKNAME LAST SUFFIX Tortorici		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive Mountain Brook, AL 35223		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive Mountain Brook, AL 35223		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (205) 440-2873		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)	13 Filer ID (Ethics Commission Filers) 00087452
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,360.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 34,503.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 58,098.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Caitlyn B. Tortorici

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 30

17 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)		18 Filer ID 00087452	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	21,610.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	750.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	29,312.63
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	5,190.78
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	35.47

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/30
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYLAN, MATTHEW <hr/> 6 Contributor address; City; State; Zip Code MADISON, NJ 07940	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAMNICK, BRENT <hr/> Contributor address; City; State; Zip Code WESTFIELD, NJ 07090	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) BRAMNICK LAW
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALANDRA, ANTHONY <hr/> Contributor address; City; State; Zip Code NEWARK, NJ 07107	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CALANDRA'S
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPARALA, PRAVEEN <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARROW, LAWRENCE <hr/> Contributor address; City; State; Zip Code WESTFIELD, NJ 07090	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EQUITY CAPITAL MARKETS		Employer (See Instructions) VIRTU FINANCIAL, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/30
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRELINGHUYSEN, RODNEY <hr/> 6 Contributor address; City; State; Zip Code MORRISTOWN, NJ 07960	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) SENIOR DIRECTOR		9 Employer (See Instructions) GREENBERG TRAURIG
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAVINO, RONALD <hr/> Contributor address; City; State; Zip Code EDISON, NJ 08818	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) SR. VP FINANCE		Employer (See Instructions) INVIDI TECHNOLOGIES CORP.
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, JOHN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78702	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) CORVUS ADVISORS
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, JOHN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78702	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) CORVUS ADVISORS
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, JOHN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78702	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) CORVUS ADVISORS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/30
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HURTADO, MICHAEL 6 Contributor address; City; State; Zip Code TRENTON, NJ 08610	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) CASHIER/ATTENDANT		9 Employer (See Instructions) MERCER COUNTY IMPROVEMENT AUTHORITY
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISOLDI, FRANK D. Contributor address; City; State; Zip Code WESTFIELD, NJ 07090	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) COLDWELL BANKER
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONAS, GLEN Contributor address; City; State; Zip Code CEDARBURG, WI 53012	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) RF TECHNOLOGIES, INC
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KORTH, TIM Contributor address; City; State; Zip Code NAPLES, FL 34103	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYRILLOS, JOSEPH Contributor address; City; State; Zip Code RED BANK, NJ 07701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/30
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAM, VI <hr/> 6 Contributor address; City; State; Zip Code GILBERT, AZ 85233	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) NAIL TECH		9 Employer (See Instructions) NAIL 8000 WAXING
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEVY, BRIAN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVELACE, DON <hr/> Contributor address; City; State; Zip Code DENTON, TX 76208	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) LILY OF THE DESERT
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCFARLAND, JAMES <hr/> Contributor address; City; State; Zip Code MILWAUKEE, WI 53202	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) NORTHWESTERN MUTUAL
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALATUCCI, BILL <hr/> Contributor address; City; State; Zip Code WESTFIELD, NJ 07090	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MCCARTER & ENGLISH LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/30	
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/16/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAMNICK, JON 7 Contributor address; City; State; Zip Code WESTFIELD, NJ 07090	8 Amount of contribution (\$) \$2,000.00	9 In-kind contribution description FOOD / BEVERAGE
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ATTORNEY		11 Employer (FOR NON-JUDICIAL) (See instructions) BRAMNICK LAW	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
Sch: 1/1 Rpt: 11/30

2 FILER NAME

RESTORE TRUST TEXAS (RTT)

3 Filer ID (Ethics Commission Filers)
00087452

4 Date

09/26/2024

5 Corporation / Labor Organization name

LEIV & STEINBERG LLP

7 Amount of contribution (\$)

\$500.00

6 Corporation / Labor Organization address; City; State; Zip Code

NEW YORK, NY 10004

Date

09/09/2024

Corporation / Labor Organization name

NORTHEAST REMSCO CONSTRUCTION

Amount of contribution (\$)

\$250.00

Corporation / Labor Organization address; City; State; Zip Code

TOMS RIVER, NJ 08755

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 12/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 08/05/2024	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$381.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 VESEY STREET NEW YORK, NY 10285	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$122.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 VESEY STREET NEW YORK, NY 10285	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2024	Payee name ANEDOT	
Amount (\$) \$8.30 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 13/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 07/16/2024	5 Payee name ANEDOT	
6 Amount (\$) \$400.30 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name ANEDOT		
Amount (\$) \$40.30 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Office sought Office held	
Payee name ANEDOT		
Amount (\$) \$4.30 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 14/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 08/04/2024	5 Payee name ANEDOT	
6 Amount (\$) \$8.30 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2024	Candidate/Officeholder name ANEDOT	
Amount (\$) \$29.61 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2024	Candidate/Officeholder name ANEDOT	
Amount (\$) \$30.93 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 15/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 09/01/2024	5 Payee name ANEDOT	
6 Amount (\$) \$24.60 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name ANEDOT	
Amount (\$) \$48.60 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name ANEDOT	
Amount (\$) \$121.52 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 16/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 09/23/2024	5 Payee name ANEDOT	
6 Amount (\$) \$4.30 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name BRAMNICK, JON	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14 KIMBALL CIR WESTFIELD, NJ 07090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name CAPRIGLIONE, GIO (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1352 TEN BAR TRAIL 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 17/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 07/12/2024	5 Payee name CATCH DIGITAL STRATEGY	
6 Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/06/2024	Candidate/Officeholder name Office sought Office held	
Payee name CATCH DIGITAL STRATEGY		
Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Office sought Office held	
Payee name CATCH DIGITAL STRATEGY		
Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 18/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 07/16/2024	5 Payee name CROSBY OTTENHOFF GROUP	
6 Amount (\$) \$1,116.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name CROSBY OTTENHOFF GROUP		
Amount (\$) \$2,291.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name CROSBY OTTENHOFF GROUP		
Amount (\$) \$528.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 19/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 07/01/2024	5 Payee name FUTURE FIRST SA	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 805 PINON BLVD SAN ANTONIO, TX 78260	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name GINA ROSSINI CAMPAIGN	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO BOX 170122 IRVING, TX 75017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name GUILLEN, RYAN (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO BOX 1024 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 20/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 08/27/2024	5 Payee name HOLTZMAN VOGEL, PLLC	
6 Amount (\$) \$2,440.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY HAYMARKET, VA 20169	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name HOLTZMAN VOGEL, PLLC		
Amount (\$) \$2,184.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY HAYMARKET, VA 20169	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name LUJAN, JOHN (Rep.)		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 14479 SAN ANTONIO, TX 78214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 21/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 07/01/2024	5 Payee name PINE COVE CAPITAL, LLC	
6 Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name PINE COVE CAPITAL, LLC		
Amount (\$) \$250.00 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2024	Candidate/Officeholder name Office sought Office held	
Payee name PINE COVE CAPITAL, LLC		
Amount (\$) \$137.74 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 22/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 09/05/2024	5 Payee name PINE COVE CAPITAL, LLC	
6 Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name RAMSEY, TOM (Commissioner)		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 55385 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name REPUBLICAN MAYORS ASSOCIATION		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 225841 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 23/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 08/06/2024	5 Payee name SCKOLNIK CPA, HOWARD	
6 Amount (\$) \$900.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8203 E SIERRA PINTA DR SCOTTSDALE, AZ 85255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACCOUNTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name SENTINEL STRATEGIC ADVISORS, LLC		
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name SENTINEL STRATEGIC ADVISORS, LLC		
Amount (\$) \$2,640.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 24/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 07/01/2024	5 Payee name TIJERINA, JAIME (Judge)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 55385 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/5 Rpt: 25/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$38.38	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description DATA SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$341.14	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HILTON SHORT HILLS		(b) Payee address; City, State, Zip Code 41 JOHN F KENNEDY PKWY SHORT HILLS, NJ 07078
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$295.28	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UNITED AIRLINES		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/5 Rpt: 26/30		2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$224.04	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name 101DOMAIN		(b) Payee address; City, State, Zip Code 3220 EXECUTIVE RDG STE 101 VISTA, CA 92081	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEB SERVICE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$205.00	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CAPE ARUNDEL GOLF CLUB		(b) Payee address; City, State, Zip Code 19 RIVER RD KENNEBUNKPORT, ME 04046	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description FOOD / BEVERAGE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$38.38	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description DATA SERVICES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/5 Rpt: 27/30	2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$102.00	(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; City, State, Zip Code 11331 N LAMAR BLVD AUSTIN, TX 78753
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> 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 SOUTHWEST AIRLINES		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from 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
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 28/30		2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$14.17	(b) Date of Charge 08/05/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name 101DOMAIN		(b) Payee address; City, State, Zip Code 3220 EXECUTIVE RDG STE 101 VISTA, CA 92081	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEB SERVICE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$766.44	(b) Date of Charge 07/12/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name CAPE ARUNDEL INN		(b) Payee address; City, State, Zip Code 208 OCEAN AVE KENNEBUNKPORT, ME 04046	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$38.38	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description DATA SERVICES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/5 Rpt: 29/30		2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$90.00	(b) Date of Charge 09/16/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name PRESTIGE CAR SERVICE		(b) Payee address; City, State, Zip Code 11331 N LAMAR BLVD AUSTIN, TX 78753	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$2,405.65	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name SOUTH CONGRESS HOTEL		(b) Payee address; City, State, Zip Code 1603 S CONGRESS AVE AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description FACILITY RENTAL	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$100.00	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CAPE ARUNDEL INN		(b) Payee address; City, State, Zip Code 208 OCEAN AVE KENNEBUNKPORT, ME 04046	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 30/30

2 FILER NAME

RESTORE TRUST TEXAS (RTT)

3 Filer ID (Ethics Commission Filers)
00087452

4 Date
08/07/2024

5 Name of person from whom amount is received

AMERICAN EXPRESS

8 Amount (\$)

\$32.38

6 Address of person from whom amount is received; City; State; Zip Code

NEW YORK, NY 10285

7 Purpose for which amount is received

CASH REBATE

☐ Check if political contribution returned to filer

Date
08/29/2024

Name of person from whom amount is received

AMERICAN EXPRESS

Amount (\$)

\$3.09

Address of person from whom amount is received; City; State; Zip Code

NEW YORK, NY 10285

Purpose for which amount is received

CASH REBATE

☐ Check if political contribution returned to filer