#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082357 3 COMMITTEE NAME **OFFICE USE ONLY** #PROJECTREDTX Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10 N Caddo St. #108 Date Hand-delivered or Date Postmarked Change of Address Cleburne, TX 76033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Patrick NAME NICKNAME LAST **SUFFIX** Hamilton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 10 Caddo St. #108 STREET **ADDRESS** (Residence or Business) Cleburne, TX 76033 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX			0008235	57
ACTIVITY	L. Candidates Identify by name or, if applicable, classify by party.)	A. Supported Earl Heath Constable		
(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 upplicable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	157,500.00
EXPENDITURE 3 TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4	1. TOTAL POLITICA	L EXPENDITURES	\$	188,222.53
CONTRIBUTION 5 BALANCE	5. TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	520,911.53
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Patric	ck Hamilton	
		Signature of Ca	mpaign Trea	surer
AFFIX NOTARY S	TAMP / SEAL ABOVE			
Sworn to and subscribed be	efore me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of of	fficer administering oath

			Page 3 01 51
12 COMMITTEE NAME #PROJECTREDTX		<b>13</b> Filer ID 00082357	(Ethics Commission Filers)
#PROJECTREDTX		00062357	
14 COMMITTEE 1. Candidat (Identify by name applicable, class	or, if	os Santos County Commissioner	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by date location of election ature of issue.)	e and		
	B. Opposed		
3. Officeholi Assisted (Identify by name applicable, class	or, if		
COMMITTEE 1. Candidat	OS A Supported David Anders	County Commissioner	
ACTIVITY  (Identify by name applicable, class	or, if	County Commissioner	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by data location of election ature of issue.)	e and		
	B. Opposed		
3. Officeholi Assisted (Identify by name applicable, class	or, if		
COMMITTEE 1. Candidat ACTIVITY (Identify by name applicable, class	es A. Supported Guy Baker	County Sheriff	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by date location of election nature of issue.)	e and on and		
	B. Opposed		
Officeholi Assisted     (Identify by name applicable, class	or, if		
•	•		

					Page 4 01 51
12 COMMITTEE NAME #PROJECTREDTX				<b>13</b> Filer ID 00082357	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
ACTIVITY (Identify I	ndidates by name or, if le, classify by party.)	A. Supported	Alberto Olivares County Sheriff		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Describe	e by date and of election and	A. Supported			
		B. Opposed			
Ass (Identify	iceholders sisted by name or, if le, classify by party.)				
		^ Cusported	Translation of the	D:	
ACTIVITY (Identify I	by name or, if le, classify by party.)	А. Зирропец	Jessica Villarreal Justice of the	Peace	
(Attach lists on plain paper to complete this report if necessary.)	-	B. Opposed			
(Describe	e by date and of election and	A. Supported			
		B. Opposed			
Ass (Identify I	iceholders sisted by name or, if le, classify by party.)				
ACTIVITY (Identify I	ndidates by name or, if le, classify by party.)	A. Supported	Jorge Garza County Tax Assess	sor-Collector	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
2. Me. (Describe location of nature of	e by date and of election and f issue.)	A. Supported			
		B. Opposed			
Ass (Identify	riceholders sisted by name or, if le, classify by party.)				

					Page 5 01 51
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX				00082357	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)		Jimmy Manrr	ique County Sheriff	f	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed				
Measures     (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	.)				
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)		Chuck Vieh	County Commission	ner	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed				
Measures     (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	.)				
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)		Elias Mora (	County Constable		
(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				
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)	.)				<del>-</del>
·					

		Page 6 01 51
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers) 00082357
#PROJECTREDTX		00082357
14 COMMITTEE 1. Candidates ACTIVITY (Identify by name or applicable, classify by	, if	unty Commissioner
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date an location of election a nature of issue.)		
	B. Opposed	
Officeholder     Assisted     (Identify by name or applicable, classify by the classification	, if	
COMMITTEE 1. Candidates ACTIVITY (Identify by name or applicable, classify by	; if	y Sheriff
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date an location of election a nature of issue.)	A. Supported	
	B. Opposed	
Officeholder     Assisted     (Identify by name or applicable, classify by the classification of	; if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or applicable, classify by	, if	ney
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date ar location of election a nature of issue.)	and	
	B. Opposed	
Officeholder     Assisted     (Identify by name or applicable, classify by)	; if	
•	•	

			Page 7 01 51
12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
#PROJECTREDTX		00082357	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by par			
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if applicable, classify by par	(y,)		
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Gilbert Garcia Mayor		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures    (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if applicable, classify by par	ty.)		
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Wanda Cuellar Sheriff		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted  (Identify by name or, if applicable, classify by par	iy.)		
	27		

		Page 8 01 51
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers) 00082357
#PROJECTREDTX		00082357
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Jessica Villarreal Justice of the	e Peace
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
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 par	rty.)	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Cher Montalvo County Tax As	sessor-Collector
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders     Assisted     (Identify by name or, if applicable, classify by par	rty.)	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part	A. Supported Roberto Lopez County Comm	issioner
(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	
Officeholders     Assisted     (Identify by name or, if applicable, classify by part	rty.)	

# FORM GPAC

A. Supported Norma Saldana Justice of the P  B. Opposed  A. Supported  B. Opposed	Page 9 of 51  13 Filer ID (Ethics Commission Filers) 00082357  eace
B. Opposed  A. Supported	00082357
B. Opposed  A. Supported	
B. Opposed  A. Supported	eace
A. Supported	
B. Opposed	

# **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

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<b>17</b> CC	MMITTI	EE NAME	18 Filer ID	(Ethics C	ommission Filers)
#P	ROJEC	TREDTX	00082357		·
10 50	HEDIII	E SUBTOTALS			
l .	ME OF		SUE	BTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	110,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	47,500.00
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 CONTRIBUTIONS	S	\$	188,222.53
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	669.10

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	Total pages Schedule A1:     Sch: 1/1 Rpt: 11/51
2	FILER NAME #PROJECTI			3 Filer ID (Ethics Commission Filers) 00082357
4	Date 08/27/2024	5 Full name of contributor out-of-state PAC (ID#: Harris, John 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100,000.00
8	Principal occu	Conroe, TX 77302  upation / Job title (See Instructions)	9 Employer (See Instruction	ls)
	Investor		Colony Ridge	
	Date Full name of contributor out-of-state PAC (ID#:)  08/26/2024 Moayedi, Mehrdad  Contributor address; City; State; Zip Code  Farmer Branch, TX 75234			Amount of Contribution (\$) \$10,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction Centurion American	Is)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule C3: Sch: 1/1 Rpt: 12/51		
2	2 FILER NAME : #PROJECTREDTX			Filer ID 00082357	(Ethics Commission Filers)		
4	Date 07/08/2024	5 Corporation / Labor Organization name AES Corporation	6	Amount (\$)	2,500.00		
	Date 08/28/2024	Corporation / Labor Organization name Altria Client Services		Amount (\$)	20,000.00		
	Date 07/30/2024	Corporation / Labor Organization name Elevance Health		Amount (\$)	25,000.00		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salar	ies/Wages/Contract Labor  OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/38 Rpt: 13/51	#PROJECTREDTX	00082357
4 Date	5 Payee name	·
07/20/2024	Alpine Lodge	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$18.02	133 S Frontage Rd.	
Expenditure from corporate funds	Pecos, TX 79772	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Food
9 Complete ONLY if direct		sought Office held
expenditure to benefit C/O	1	
Date	Payee name	
07/20/2024	American Airlines	
Amount (\$)	Payee address; City; State; Zip	Code
\$399.48	1 Skyview Dr	
4000.10	1 Gly lieu Bi	
Expenditure from	Fort Worth TV 701FF	
corporate funds	Fort Worth, TX 76155	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Flight
		- ingrit
Complete ONLY if direct	Candidate/Officeholder name Office	l sought Office held
expenditure to benefit C/O		Sought Since held
Data		
Date	Payee name	
07/08/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip	Code
\$100.30	1340 Poydras Street Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held
experience to beliefft G/O	•	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/38 Rpt: 14/51 #PROJECTREDTX 00082357 4 Date Payee name 08/26/2024 Anedot 6 Amount (\$) Payee address; City; State; Zip Code \$400.30 1340 Poydras Street Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Merchant Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/03/2024 Apple Amount (\$) Payee address; City; State; Zip Code \$0.99 1 Apple Park Way Expenditure from Х Cupertino, CA 95014 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/03/2024 **Apple** Amount (\$) Payee address; City: State; Zip Code \$0.99 1 Apple Park Way Expenditure from Χ corporate funds Cupertino, CA 95014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/38 Rpt: 15/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
09/03/2024	Apple
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	1 Apple Park Way
X Expenditure from corporate funds	Cupertino, CA 95014
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Software
	Solitians .
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
07/20/2024	Payee name
	Buc-ees City Cyty 7's Cyty
Amount (\$)	Payee address; City; State; Zip Code
\$70.56	2760 N I35
Expenditure from	
corporate funds	New Braunfels, TX 78130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fuel
	T del
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	
Date 07/20/2024	Payee name CSC Service
Amount (\$)	Payee address; City; State; Zip Code
\$2.00	921 I-35
Expenditure from	
corporate funds	Cotulla, TX 78041
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food
	1 000
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/38 Rpt: 16/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
09/24/2024	Cameron County Republican Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	465 E 7th St
Expenditure from	
x corporate funds	Brownsville, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation to Faity Administrative Account
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payros namo
08/19/2024	Payee name ChatGPT
Amount (\$)	Payee address; City; State; Zip Code
\$21.28	3180 18th St
Expenditure from	
x corporate funds	San Francisco, CA 94110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Software
	Sollware
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davis same
09/16/2024	Payee name Chili's
Amount (\$)	Payee address; City; State; Zip Code
\$31.40	2727 S US Highway 77
Expenditure from	W 70 7000
corporate funds	Kingsville, TX 78363
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/38 Rpt: 17/51	#PROJECTREDTX	00082357
4 Date	5 Payee name	
07/20/2024	Chipotle	
6 Amount (\$)	7 Payee address; City; State; Zip Ci	ode
\$45.79	3400 W Expwy 83	
Expenditure from corporate funds	McAllen, TX 78501	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	Check if days dustide of rexast complete scriedule 1.
		Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soi H	ught Office held
·		
Date	Payee name	
07/20/2024	Circle K	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.49	2700 S Hwy 77	
Expenditure from corporate funds	Kingsville, TX 78363	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
09/03/2024	Cooper's Old Time BBQ	
Amount (\$)	Payee address; City; State; Zip C	ode
\$38.04	217 Congress Ave	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	Н	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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: 6/38 Rpt: 18/51	2 FILER NAME #PROJECTREDTX  3 Filer ID (Ethics Commission Filers) 00082357
4 Date	5 Payee name
07/24/2024	Cracker Barrel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.57	3817 E Frontage Rd, W Expressway 83
Expenditure from	Modillon, TV 70002
corporate funds	McAllen, TX 78503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Food
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Cracker Barrel
Amount (\$)	Payee address; City; State; Zip Code
\$15.70	110 Bass Pro Dr
Expenditure from corporate funds	Harlingen, TX 78550
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Food
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/25/2024	EXXON Kwik Chek
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$65.22	7045 W DEL MAR BLVD
Expenditure from corporate funds	Laredo, TX 78041
•	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fuel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Polling ense Printin Salarie	Overhea Expens g Expens s/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
			explains now to	compi	ete tilis lorili.	_		(=11: 0 : : =11 )
1 Total pages Schedule F1: Sch: 7/38 Rpt: 19/51	#PROJECT					3	Filer ID 00082357	(Ethics Commission Filers)
4 Date	<b>5</b> Payee name					<u> </u>		
09/17/2024	EXXON							
6 Amount (\$) \$59.33	7 Payee addre	ss; City; .UL LONGORIA	State; Zip	Code				
Expenditure from corporate funds	Edinburg, 1	X 78539						
8 PURPOSE OF EXPENDITURE	(a) Category (S Travel In D	ee Categories listed at the top istrict	p of this schedule)	(b)	<b>=</b>		de of Texas. Comp	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office s	ought			Office he	eld
Date	Payee name							
09/09/2024	Earl Heath	Campaign						
Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
\$250.00	7452 FM 4	62 East						
Expenditure from corporate funds	Moore, TX	78057						
PURPOSE OF EXPENDITURE	Contributio	ee Categories listed at the top ns/Donations Made Officeholder/Politica	Ву	(b)			de of Texas. Comp	
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office s	ought			Office he	eld
Date 07/20/2024	Payee name Eduardo's							
Amount (\$) \$136.02	Payee addre		State; Zip	Code				
Expenditure from corporate funds	Laredo, TX	78041						
PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	p of this schedule)	(b)			de of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office s	ought			Office he	eld

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/38 Rpt: 20/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/23/2024	El Calle Jon de Los Milagro
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.97	3300 W Expwy 83 Ste 100
Expenditure from corporate funds	McAllen, TX 78501
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food
	1 000
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	
Date	Payee name
07/20/2024	Embassy Suites by Hilton
Amount (\$)	Payee address; City; State; Zip Code
\$178.88	800 Convention Center Blvd.
— Formanditure from	
Expenditure from corporate funds	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/20/2024	Embassy Suites by Hilton
Amount (\$)	Payee address; City; State; Zip Code
\$188.09	800 Convention Center Blvd.
- 10.	
Expenditure from corporate funds	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	l —
	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Traver in District
EXPENDITURE	Check if Austin, TX, officeholder living expense  Lodging
EXPENDITURE  Complete ONLY if direct	Check if Austin, TX, officeholder living expense Lodging  Candidate/Officeholder name  Office sought  Office held
EXPENDITURE	Check if Austin, TX, officeholder living expense Lodging  Candidate/Officeholder name  Office sought  Office held
EXPENDITURE  Complete ONLY if direct	Check if Austin, TX, officeholder living expense Lodging  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 9/38 Rpt: 21/51	#PROJECTREDTX	00082357			
4 Date	5 Payee name	•			
07/20/2024	Embassy Suites				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$184.51	110 Calle de Norte				
Expenditure from corporate funds	Laredo, TX 78041				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Lodging			
0 0 1 0 0 1 1 0 1 1 1 1		000			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held			
<u> </u>					
Date	Payee name				
07/20/2024	Embassy Suites				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$191.97	110 Calle de Norte				
Expenditure from					
corporate funds	Laredo, TX 78041				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Lodging			
		Louging			
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held			
expenditure to benefit C/O		Since Held			
Dete					
Date 07/25/2024	Payee name				
	Embassy Suites				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$300.27	110 Calle Del Norte				
Expenditure from					
corporate funds	Laredo, TX 78041				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Lodging			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/O	1				

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

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: 10/38 Rpt: 22/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/08/2024	Frontier Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	5600 Burnet Rd
Expenditure from corporate funds	Austin, TX 78756
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Bank Fee
	Bunki ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/15/2024	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$3,200.00	1108 Lavaca St #110-708
- Cynonditure from	
X Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  PAC Management
	The Management
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/15/2024	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1108 Lavaca St #110-708
Evponditure from	
X Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Rent
	T.Cit.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total magga Cabadyla F1.	9 Files NAME
1 Total pages Schedule F1: Sch: 11/38 Rpt: 23/51	2 FILER NAME  #PROJECTREDTX  3 Filer ID (Ethics Commission Filers)  00082357
4 Date	5 Payee name
08/15/2024	Gary Seven
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,200.00	1108 Lavaca St #110-708
X Expenditure from corporate funds	Austin, TX 78701
Corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC Management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/15/2024	Gary Seven
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1108 Lavaca St #110-708
X Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Data	Davies same
Date	Payee name
09/15/2024	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$3,200.00	1108 Lavaca St #110-708
X Expenditure from	Augtin TV 70701
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	PAC Management
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/	Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above	
ordan dara r aymon	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: Sch: 12/38 Rpt: 24/51	2 FILER NAME #PROJECTREDTX		<b>3</b> Filer ID (Ethics Commissio 00082357	n Filers)
4 Date	5 Payee name			
08/20/2024	GoDaddy			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$70.93	2155 E Warner Rd			
X Expenditure from corporate funds	Tempe, AZ 85282			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	ı <u>—</u>	outside of Texas. Complete Schedule T. TX, officeholder living expense	
		Software		
9 Complete ONLY if direct	Candidate/Officeholder name Office soil	<u>l</u> ught	Office held	
expenditure to benefit C/Ol	н			
Date	Payee name			
07/20/2024	HEB			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1.72	19337 McDonald St.			
Expenditure from corporate funds	Lytle, TX 78052			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	ı <b>=</b>	outside of Texas. Complete Schedule T.	
		Food	TX, officeholder living expense	
		1 000		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held	
Date 07/24/2024	Payee name HOMEWOOD SUITES BY HILTON			
Amount (\$)	Payee address; City; State; Zip Ci	ode		
\$208.50	3801 Expressway 83			
Expenditure from corporate funds	McAllen, TX 78503			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	Check if travel of	outside of Texas. Complete Schedule T.	
LAI LINDITORE		. <b>–</b>	TX, officeholder living expense	
		Lodging		
Occupation Children	Operation to 100% and relation to		Office health	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sor H	ugnt	Office held	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/38 Rpt: 25/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/20/2024	Hampton Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$156.75	2271 W I10
— Forestitus from	
Expenditure from corporate funds	Fort Stockton, TX 79735
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Lodging
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
09/18/2024	Hampton Inn
Amount (\$)	Payee address; City; State; Zip Code
\$141.13	3135 East Main Street
— Formanditure from	
Expenditure from corporate funds	Alice, TX 78332
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Lodging
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
09/24/2024	Hidalgo County GOP
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	4900 N. 23rd St.
Expenditure from	
corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Gp3::03:5:::::p
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/38 Rpt: 26/51	#PROJECTREDTX	00082357
4 Date	5 Payee name	'
09/17/2024	Hilton Garden Inn	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$150.26	751 Harlingen Heights Dr	
Expenditure from corporate funds	Harlingen, TX 78552	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	L aght Office held
expenditure to benefit C/OI		Gine Hold
Date	Pausa nama	
07/03/2024	Payee name Install Connect	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,500.00	505 W State St.	
Expenditure from corporate funds	Garland, TX 75040	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Shipping
One make the ONE Wife diagram	Open Highest (Office In all January)	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	nght Office held
Date	Payee name	
07/09/2024	Install Connect	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3,500.00	505 W State St.	
Expenditure from		
corporate funds	Garland, TX 75040	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Shipping
Complete CNU V if all	Condidate/Officeholder name	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 15/38 Rpt: 27/51	#PROJECTREDTX 00082357					
4 Date	5 Payee name					
09/08/2024	Install Connect					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	505 W State St.					
Expenditure from						
corporate funds	Garland, TX 75040					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Delivery					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
09/21/2024	Install Connect					
Amount (\$)	Payee address; City; State; Zip Code					
\$200.00	505 W State St.					
Expenditure from						
corporate funds	Garland, TX 75040					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Delivery					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
07/16/2024	Intuit					
Amount (\$)	Payee address; City; State; Zip Code					
\$31.98	2801 E Commerce Center PI					
Expenditure from						
corporate funds	Tuscon, AZ 85707					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Software					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	<del>1</del>					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 16/38 Rpt: 28/51	#PROJECTREDTX 00082357						
4 Date	5 Payee name						
08/10/2024	Intuit						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$31.31	2801 E Commerce Center PI						
X Expenditure from corporate funds	Tuscon, AZ 85707						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense						
	Check if Austin, TX, officeholder living expense  Software						
	Sollware						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experientare to benefit ever							
Date	Payee name						
09/10/2024	Intuit						
Amount (\$)	Payee address; City; State; Zip Code						
\$37.31	2801 E Commerce Center PI						
X Expenditure from corporate funds	Tuscon, AZ 85707						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense						
_/	Check if Austin, TX, officeholder living expense						
	Software						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experientare to benefit 6/61							
Date	Payee name						
07/24/2024	Jason's Deli						
Amount (\$)	Payee address; City; State; Zip Code						
\$10.60	1408 W Expwy 83						
Expenditure from corporate funds	Weslaco, TX 78596						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Food/Beverage Expense						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Food						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 17/38 Rpt: 29/51	#PROJECTREDTX 00082357					
4 Date	5 Payee name					
09/17/2024	Jason's Deli					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$10.10	1604 W University Dr					
Expenditure from corporate funds	Edinburg, TX 78539					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense  Food					
	1 000					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
07/20/2024	K-Bob's Steakhouse					
Amount (\$)	Payee address; City; State; Zip Code					
\$5.00	2800 W Dicksinson Blvd.					
Expenditure from corporate funds	Fort Stockton, TX 79735					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense  Food					
	Foou					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
07/20/2024	K-Bob's Steakhouse					
Amount (\$)	Payee address; City; State; Zip Code					
\$22.71	2800 W Dicksinson Blvd.					
Expenditure from corporate funds	Fort Stockton, TX 79735					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Food/Beverage Expense					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Food					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiorare to benefit C/OI						

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	-	Services nstruction Guid			-	Contract Labor		OTHER (enter	a cat	egory not listed above)
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(E	Ethics Commission Filers)
	Sch: 18/38 Rpt: 30/51	l	OJECTRED	TX						00082357	,	,
4	Date	5 Paye	ee name									
	09/17/2024		Street Grill									
6	Amount (\$)	<b>7</b> Paye	ee address;	City;	State;	Zip Cod	le					
	\$22.39	73 9	S King St									
	Expenditure from corporate funds	Alic	e, TX 78332									
8	PURPOSE	(a) Cate	gory (See Cate	gories listed at the	top of this sched	lule) (	(b)	Description				
	OF EXPENDITURE	Foo	d/Beverage	Expense				Check if travel of				
	LXI LINDITORL							Check if Austin,	, TX,	officeholder livi	ng ex	pense
								Food				
9	Complete ONLY if direct expenditure to benefit C/OI		date/Officehol	der name	Off	fice soug	ht			Office I	held	
	Date	Paye	ee name									
	07/25/2024	Kinç	gsville Coffee	:								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Cod	le					
	\$12.28	122	0 N Armstror	ng								
	Expenditure from corporate funds	Kinç	gsville, TX 78	3363								
	PURPOSE	(a) Cate	gory (See Cate	gories listed at the	top of this sched	lule) (	(b)	Description				
	OF EXPENDITURE		d/Beverage					Check if travel of	outsi	de of Texas. Co	mplet	e Schedule T.
	LXI LINDITORL							Check if Austin,	, TX,	officeholder livi	ng ex	oense
								Food				
	Complete ONLY if direct		date/Officehol	der name	Off	fice soug	ht			Office I	held	
	expenditure to benefit C/OI	1										
	Date	Paye	ee name									
	07/24/2024	Los	Tortugos Se	afood								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Cod	le					
	\$31.89	318	Queen Isab			·						
	,		<b>(</b>									
Г	Expenditure from	Dort	: Isabel, TX 7	0570								
	corporate funds					1.						
	PURPOSE OF			gories listed at the	top of this sched	lule) (	(b)	Description	outoi.	de of Toyon Co		o Cobodulo T
	EXPENDITURE	Foo	d/Beverage	Expense				Check if travel of Check if Austin,				
								Food	, 1,	onicendider livi	iig <del>c</del> x	Jense
								. 500				
	Complete ONLY if direct	Candi	data/Office hel	dor nome	<u> </u>	fine cour	ht			Office	hold	
	Complete ONLY if direct expenditure to benefit C/OI		date/Officehol	uer name	Off	fice soug	rit			Office I	ileid	
	,											

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/38 Rpt: 31/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/20/2024	Love's
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$52.96	6950 120
Expenditure from corporate funds	Ranger, TX 76470
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fuel
	Fuel
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
07/20/2024	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$16.68	185 Berry St. #5000
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Transportation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
07/20/2024	Max-E-Mart
Amount (\$)	Payee address; City; State; Zip Code
\$2.09	1206 FM 468
,	
Expenditure from	Cotulla, TX 78041
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Cond/Rayarage Expense   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (setter a content and listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 20/38 Rpt: 32/51	#PROJECTREDTX 00082357						
4 Date	5 Payee name						
07/11/2024	Murphy Nasica						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$285.78	PO Box 1648						
X Expenditure from corporate funds	Austin, TX 78767						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Website Hosting						
	Wobbite Hooting						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						
Date	Payee name						
07/11/2024	Murphy Nasica						
Amount (\$)	Payee address; City; State; Zip Code						
\$562.47	PO Box 1648						
X Expenditure from corporate funds	Austin, TX 78767						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Stationary						
	Ctationally						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name						
09/04/2024	Murphy Nasica						
Amount (\$)							
\$234.20	Payee address; City; State; Zip Code PO Box 1648						
φ <b>2</b> 34.20	PO B0X 1046						
Expenditure from corporate funds	Austin, TX 78767						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Advertising Expense						
LAI LINDITURE	Check if Austin, TX, officeholder living expense						
	Graphics/Pushcards: In-kind Contribution to Carlos de los Santos Campaign						
Complete ONII V If all a							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
,							

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/38 Rpt: 33/51	#PROJECTREDTX	00082357
4 Date	5 Payee name	
09/04/2024	Murphy Nasica	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$244.90	PO Box 1648	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphics/Pushcards: In-kind Contribution to Cher
		Montalvo Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		C Office ficial
Data	David and a	
Date	Payee name	
09/04/2024	Murphy Nasica	
Amount (\$)	Payee address; City; State; Zip Code	
\$244.90	PO Box 1648	
Expenditure from	Aughin TV 70707	
corporate funds	Austin, TX 78767	
PURPOSE OF	- (	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Graphics/Pushcards: In-kind Contribution to Paul
		Anders Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	4	
Date	Payee name	
09/04/2024	Murphy Nasica	
Amount (\$)	Payee address; City; State; Zip Code	
\$304.02	PO Box 1648	
Ψ00-1.02		
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE		Check if Austin, TX, officeholder living expense
		Graphics/Pushcards: In-kind Contribution to Guy Baker Campaign
Operated Children	Open Highest (Office lead )	<u> </u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
- p - 1.13.12 12 20.10.11 3701		

### SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/38 Rpt: 34/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
09/04/2024	Murphy Nasica
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$716.77	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind Contribution to Alberto
	Olivares Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$1,353.13	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Graphics/Pushcards: In-kind Contribution to Jessica
	Villarreal Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
09/04/2024	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$1,353.13	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind Contribution to Jorge
	Garza Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 23/38 Rpt: 35/51	#PROJECTREDTX 00082357					
4 Date	5 Payee name					
09/04/2024	Murphy Nasica					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,443.87	PO Box 1648					
Expenditure from corporate funds	Austin, TX 78767					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense  Graphics/Pushcards: In-kind Contribution to Jimmy					
	Manrrique Campaign					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	<del>-</del>					
Date	Payee name					
07/25/2024	Murphy					
Amount (\$)	Payee address; City; State; Zip Code					
\$71.21	3837 IH69 Access Rd					
·						
Expenditure from corporate funds	Corpus Christi, TX 78410					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense  Fuel					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
07/20/2024	Palengue					
	·					
Amount (\$)	Payee address; City; State; Zip Code 4615 San Bernardo Ave.					
\$26.21	4015 San Bernardo Ave.					
Expenditure from corporate funds	Laredo, TX 78041					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Food/Beverage Expense					
	Check if Austin, TX, officeholder living expense  Food					
	Fuuu					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						

### SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/38 Rpt: 36/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/20/2024	QT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$61.79	4901 E Saunders St.
Expenditure from corporate funds	Laredo, TX 78041
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fuel
	Fuel
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
07/23/2024	QT
Amount (\$)	Payee address; City; State; Zip Code
\$66.49	4142 S Loop 1604 E
Expenditure from	San Antonio, TX 78264
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fuel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/16/2024	QT
Amount (\$)	Payee address; City; State; Zip Code
\$32.37	7203 San Pedro Ave
Expenditure from corporate funds	San Antonio, TX 78216
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fuel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

1 Total pages Schedule F1:       2 FILER NAME         Sch: 25/38 Rpt: 37/51       #PROJECT         4 Date 07/08/2024       5 Payee name Raven Publ         6 Amount (\$)       7 Payee address				3	Filer ID	(Ethics Commission Filers)
Sch: 25/38 Rpt: 37/51 #PROJECT  4 Date 5 Payee name Raven Publ  6 Amount (\$) 7 Payee address				I .		
07/08/2024         Raven Publ           6 Amount (\$)         7 Payee address					00082357	
6 Amount (\$) 7 Payee address				•		
	ic Affairs					
	ss; City;	State; Zip Co	de			
\$775.01 PO Box 793						
Expenditure from corporate funds  Austin, TX 7	'8767					
8 PURPOSE (a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description		
OF Advertising	Expense			Check if travel out:		
				$\Box$	X, officeholder living	
				Campaign	carus. III-kiiic	I to Alberto Olivares
9 Complete ONLY if direct expenditure to benefit C/OH	ceholder name	Office sou	ght		Office he	eld
Date Payee name						
07/08/2024 Raven Publ	ic Affairs					
Amount (\$) Payee addres	ss; City;	State; Zip Co	de			
\$1,250.00 PO Box 793	1					
Expenditure from corporate funds  Austin, TX 7	'8767					
PURPOSE (a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description		
OF Advertising				Check if travel outs		
				ш	X, officeholder living	
				Graphics/Pusho Campaign	carus. III-kiiic	I to Chuck vien
Complete ONLY if direct Candidate/Offi	ceholder name	Office sou	ght		Office he	eld
expenditure to benefit C/OH						
Date Payee name						
07/08/2024 Raven Publ	ic Affairs					
Amount (\$) Payee addres	ss; City;	State; Zip Co	de			
\$1,250.00 PO Box 793	1					
Expenditure from						
corporate funds  Austin, TX 7	'8767					
ΔE I	e Categories listed at the top of	this schedule)	(b)	Description		
EXPENDITURE Advertising	Expense			<b></b>	side of Texas. Com X, officeholder living	
				<b>—</b>		l to Elias Mora Campaig
				Oraphilos/F usili	oaras. HENHU	. to Elias Mora Campaigi
Complete ONLY if direct Candidate/Office	ceholder name	Office sou	ght		Office he	eld
expenditure to benefit C/OH						

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 26/38 Rpt: 38/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/08/2024	Raven Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind to Marcos Jake McKinney Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/08/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Graphics/Pushcards: In-kind to Santiago "Jimmy" Manrrique Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/08/2024	Raven Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$5,594.44	PO Box 793
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Graphics/Pushcards/Mailers: In-kind to Kira Sanchez Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c		JIHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
Sch: 27/38 Rpt: 39/51	#PROJECTREDTX	C	00082357
4 Date	5 Payee name	•	
09/05/2024	Raven Public Affairs		
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip C	)	
\$6,351.51	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description	
OF EXPENDITURE	Advertising Expense		e of Texas. Complete Schedule T.
EXPENDITORE		ш	fficeholder living expense
		Graphics/Pushcar Campaign	rds: In-kind Contribution to Al Flore
O Committee ONII Wife dispert	Oscalidate (Office helder record		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	I	Office held
Date	Payee name		
09/05/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip C	9	
\$8,642.32	PO Box 793		
Expenditure from			
corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	
OF EXPENDITURE	Advertising Expense	ш	e of Texas. Complete Schedule T.
			fficeholder living expense rds: In-kind Contribution to Guy
		Baker Campaign	ds. III-kiild Collabation to Guy
Complete ONLY if direct	Candidate/Officeholder name Office so	ıt	Office held
expenditure to benefit C/OI			Office field
Date	Payee name		
09/05/2024	Raven Public Affairs		
Amount (\$)	Payee address; City; State; Zip C	)	
\$9,178.40	PO Box 793		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expense	<b>□</b>	e of Texas. Complete Schedule T.
LXI LINDITORL		ш	fficeholder living expense
		Olivares Campaig	rds: In-kind Contribution to Alberto <sub>I</sub> n
Complete ONLY if direct	Candidate/Officeholder name Office so	ıt	Office held
expenditure to benefit C/OI			Silico ficia

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Legal Sen	ls/Memorials Expense vices rruction Guide ex	e Printin Salario		se s/Contract Labor		Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2 511 5	R NAME		p			3	Filer ID	(Ethics Commission F	-ilers)
_	Sch: 28/38 Rpt: 40/51	l	ROJECTREDT	(				ľ	00082357	(Euros Commission )	11010)
4	Date	_	ee name					<u> </u>			
•	09/09/2024	,	en Public Affaiı	'S							
6	Amount (\$)			City;	State; Zip	Codo					
٠	\$270.94	1	Box 793	oity,	State, Zip	Code					
	Ψ210.94	'	B0X 733								
	Expenditure from corporate funds	Aus	tin, TX 78767								
8	PURPOSE	(a) Cate	gory (See Categor	ies listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	1	ertising Expens							nplete Schedule T.	
							$\Box$		officeholder livin	g expense d Contribution to G	ilbort
							Garcia Camp				iibert
9	Complete ONLY if direct	Candi	date/Officeholde	r namo	Office s	ought			Office h	old	
9	expenditure to benefit C/O		uate/Officeriolde	паше	Office s	ougni			Office fi	eiu	
	Date	Paye	ee name								
	07/30/2024	Righ	ntSide Complia	nce							
	Amount (\$)	Paye	ee address; (	City;	State; Zip	Code					
	\$420.00	P.O	. Box 341027								
X	Expenditure from										
	corporate funds	Aus	tin, TX 78734								
	PURPOSE OF	(a) Cate	gory (See Categor	ies listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Con	sulting Expens	e					de of Texas. Con officeholder livin	nplete Schedule T.	
							Compliance (			у схренае	
									9		
	Complete ONLY if direct		date/Officeholde	r name	Office s	ought			Office h	eld	
	expenditure to benefit C/O	Н									
	Date	Paye	ee name								
	08/31/2024	Righ	ntSide Complia	nce							
	Amount (\$)	Paye	ee address; (	City;	State; Zip	Code					
	\$60.00	P.O	. Box 341027								
Χ	Expenditure from corporate funds	Aus	tin, TX 78734								
	PURPOSE	(a) Cate	gory (See Categor	ies listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		sulting Expens		,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE								officeholder livin	g expense	
							Compliance (	Cor	isuiting		
	Operation ONE VIII II		-1-+-1O#: 1 1:		C'''				6‴ :	-1-1	
	Complete ONLY if direct expenditure to benefit C/O		date/Officeholde	r name	Office s	ought			Office h	ela	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 29/38 Rpt: 41/51	2 FILER NAME 3 Filer ID (Ethics Commission Filers) #PROJECTREDTX 00082357	
4 Date	5 Payee name	_
07/31/2024		
07/31/2024	Rightside Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,490.00	P.O. Box 341027	
Expenditure from corporate funds	Austin, TX 78734	
•		_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Compliance Consulting	
O Consulate ONLY if allocat	Our distance (Office Includes many and Office Includes	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
07/01/2024	Ross Fischer Law	
Amount (\$)	Payee address; City; State; Zip Code	_
\$400.00	430 Old Fitzhugh, No. 7	
Ψ-100.00	400 Old Fitzhagh, No. 7	
X Expenditure from corporate funds		
corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
LA LABITORE	Check if Austin, TX, officeholder living expense	
	Legal Consulting Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	_
09/03/2024	Ross Fischer Law	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,690.00	430 Old Fitzhugh, No. 7	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Legal Services  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Legal Consulting Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide e	Salaries/V	/ages/	Contract Labor		OTHER (enter a	a category not listed a	above)
_	Total marca Cabadula F1.	2 FUED NAME				1	_	Files ID	(Ethica Commis	voion Filoro)
1	Total pages Schedule F1: Sch: 30/38 Rpt: 42/51	#PROJECT					3	Filer ID 00082357	(Ethics Commis	ision Filers)
4	Date	5 Payee name								
•	07/23/2024	SUNOCO								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	de					
	\$5.94	3621 Hwy 8		, ,						
	Expenditure from corporate funds	McAllen, T	X 78501							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>=</b>			nplete Schedule T.	
						<b>–</b>	, TX	, officeholder living	g expense	
						Food				
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office h	eld	
	Date	Payee name								
	07/20/2024	Shell								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$1.82	3024 Natio	nal Parks Hwy							
	,									
	Expenditure from corporate funds	Carlsbad, N	IM 88220							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			<b>=</b>			nplete Schedule T.	
						<b>-</b>	, TX	, officeholder living	g expense	
						Food				
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office h	eld	
	experialture to benefit C/Or	1								
	Date	Payee name								
	09/17/2024	Starbucks								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ıde					
	\$8.88	1754 SH 10		State, Zip Co	uc					
	Ψ0.00	1754 51110	50							
_	T Expenditure from									
L	corporate funds	Port Isabel,	TX 78578							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			Check if travel of	outs	ide of Texas. Com	nplete Schedule T.	
	LAI LINDITORL					_	, TX	, officeholder living	g expense	
						Food				
	Complete ONLY if direct		iceholder name	Office sou	ght	<u> </u>		Office h	eld	
	expenditure to benefit C/OI	1								

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/38 Rpt: 43/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
07/24/2024	Stripes
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$52.79	800 E Expressway 83
Expenditure from corporate funds	Sullivan, TX 78595
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fuel
	i uci
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
07/25/2024	Stripes
Amount (\$)	Payee address; City; State; Zip Code
\$2.15	101 N 1st St.
Expenditure from corporate funds	Carrizo Springs, TX 78834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/20/2024	Surfshark
Amount (\$)	Payee address; City; State; Zip Code
\$13.99	16192 Coastal Hwy
X Expenditure from corporate funds	Lews, DE 19958
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Cry Schedule T.  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 32/38 Rpt: 44/51	#PROJECTREDTX	00082357
4 Date	5 Payee name	
08/20/2024	Surfshark	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$13.99	16192 Coastal Hwy	
	-	
X Expenditure from corporate funds	Lewes, DE 19958	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Software
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	yht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/18/2024	Taqueria Jalisco	
	•	No.
Amount (\$)	Payee address; City; State; Zip Coo	de
\$30.44	1305 E Main St	
Expenditure from corporate funds	Alice, TX 78332	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	. coa, 2010.ago 2/.poi.oc	Check if Austin, TX, officeholder living expense
		Food
Complete ONLY if direct	Candidate/Officeholder name Office soug	yht Office held
expenditure to benefit C/OI	1	
Data		
Date	Payee name	
08/05/2024	Texas Trade Graphics	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$637.60	2935 Irving Suite 201	
Expenditure from corporate funds	Dallas, TX 75247	
PURPOSE		(h) Description
OF		(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Signs: In-kind Contribution to Wanda Cuellar
		Campaign
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/OI		The Office Held
•		

#### SCHEDULE F1

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to con			OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 33/38 Rpt: 45/51	#PROJECTREDTX			00082357	
4 Date	5 Payee name		•		
08/05/2024	Texas Trade Graphics				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$2,233.60	2935 Irving Suite 201				
Expenditure from					
corporate funds	Dallas, TX 75247				
8 PURPOSE OF	- (	(b) Desc	•		
EXPENDITURE	Advertising Expense			ide of Texas. Com , officeholder living	nplete Schedule T. g expense
					o Jessica Villarreal
		Can	npaign		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght		Office h	eld
Date	Payee name				
09/03/2024	Texas Trade Graphics				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$462.60	2935 Irving Suite 201				
Expenditure from					
corporate funds	Dallas, TX 75247				
PURPOSE OF	(	(b) Desc	•		
EXPENDITURE	Advertising Expense			ide of Texas. Com , officeholder living	nplete Schedule T. g expense
					o Cher Montalvo
		Can	npaign		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sour	ght		Office h	eld
Date	Payee name				
09/03/2024	Texas Trade Graphics				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$462.60	2935 Irving Suite 201				
Expenditure from corporate funds	Dallas, TX 75247				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
OF EXPENDITURE	Advertising Expense				pplete Schedule T.
				, officeholder living	o Roberto Lopez
			npaign	onthibution t	o Noberto Lopez
Complete ONLY if direct	Candidate/Officeholder name Office sour	aht		Office h	eld
expenditure to benefit C/O		<i>,</i> -			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 34/38 Rpt: 46/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
09/03/2024	Texas Trade Graphics
6 Amount (\$) \$462.60	<ul><li>7 Payee address; City; State; Zip Code</li><li>2935 Irving Suite 201</li></ul>
φ402.00	2933 living Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Signs: In-kind Contribution to Paul Anders Campaign
	Signs. In-kind Contribution to Faul Anders Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$669.10	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs: In-kind Contribution to Norma Saldana Campaign
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$1,343.00	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Signs: In-kind Contribution to Alberto Olivares
	Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del></del>

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 35/38 Rpt: 47/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
09/11/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$465.20	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Signs: In-kind Contribution to Alberto Olivares
	Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
09/11/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$969.10	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Signs: In-kind Contribution to Norma Saldana
	Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
09/11/2024	Texas Trade Graphics
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,126.00	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind Contribution to Jimmy Manrrique Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
, -	
Sch: 36/38 Rpt: 48/51	#PROJECTREDTX 00082357
4 Date	5 Payee name
09/11/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,456.50	2935 Irving Suite 201
41, 100.00	2000 Willing Salto 201
Expenditure from	
corporate funds	Dallas, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Signs: In-kind Contribution to Gilbert Garcia
	Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
07/17/2024	The New Fashioned
Amount (\$)	
\$101,090.51	1122 Vel R. Phillips Ave.
Expenditure from	
corporate funds	Milwaukee, WI 53203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Reception Catering, Facility Rental, Staffing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
07/20/2024	The Parking Spot
Amount (\$)	
\$38.14	1945 Valley View Ln.
Expenditure from	
corporate funds	Irving, TX 75061
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Parking
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor xplains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 37/38 Rpt: 49/51	#PROJECTREDTX		00082357
4 Date	5 Payee name		
07/20/2024	The Parking Spot		
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Code	
\$129.16	1945 Valley View Ln.		
Expenditure from corporate funds	Irving, TX 75061		
8 PURPOSE	(a) Category (See Categories listed at the top of		
OF EXPENDITURE	Travel In District		el outside of Texas. Complete Schedule T.
-		Parking	in, TX, officeholder living expense
		Parking	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
07/20/2024	Uncles		
Amount (\$)	Payee address; City;	State; Zip Code	
\$44.97	131 S Frontage Rd.		
, , , , ,			
Expenditure from corporate funds	Pecos, TX 79772		
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) <b>(b)</b> Description	
OF EXPENDITURE	Travel In District		el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense
		Fuel	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
experialitate to beliefit of of			
Date	Payee name		
07/20/2024	WTG		
Amount (\$)	Payee address; City;	State: Zip Code	
\$1.49	2273 Interstate 20	-, p	
Ψ1.73			
Expenditure from corporate funds	Pecos, TX 79772		
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense		el outside of Texas. Complete Schedule T.
EVENDIIOKE	- ·	—	in, TX, officeholder living expense
		Food	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OH			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 38/38 Rpt: 50/51	#PROJECTREDTX 00082357		
4 Date	5 Payee name		
07/20/2024	Wal-Mart		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$28.19	2610 W Dickinson Blvd		
Expenditure from corporate funds	Fort Stockton, TX 79735		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Fuel		
	ruci		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
07/20/2024	Whataburger		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.56	19561 McDonald St		
Expenditure from corporate funds	Lytle, TX 78052		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Food		
	Food		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 51/51 2 FILER NAME 3 Filer ID (Ethics Commission Filers) #PROJECTREDTX 00082357 5 Name of person from whom amount is received 8 Amount (\$) Date 09/03/2024 \$669.10 **Texas Trade Graphics** 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75247 Purpose for which amount is received Check if political contribution returned to filer **Refund Overpayment**