FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082184 31 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amanda NAME Date Received **ELECTRONICALLY FILED** 10/05/2024 NICKNAME LAST **SUFFIX** Reichek CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kathy NAME NICKNAME LAST **SUFFIX** Tiritelli **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 505-6398 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 10 District 5 Court Of Appeals, Justice Place 10 District 5

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	Reichek , Amanda (T	ne Honorable)	14 Filer ID 00082184	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been ma officeholders are required to report thi	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURI	ER NAME	
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(O	THER THAN PLEDGES, LOANS.	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 14,900.00
EXPENDITURE TOTALS	,	ZED POLITICAL EXPENDITURES	5 61 207 W6)	\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 20,523.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	S OF THE LAST DAY OF THE	\$ 128,311.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm, u true and correct an under Title 15, Elec	inder penalty of perjury, that the acc d includes all information required t tion Code.	companying report is o be reported by me
			The Honorable Amanda Reich	ek
			Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal o		
Signature of office	cer administering oath	Printed name of officer administe	ring oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	JVLK SIIL	3 of 31
18 FIL Re	ER NAN	(Ethics Commis	ssion Filers)		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTA	AL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	14,900.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	20,523.15
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1		es Schedule A(J)1 Rpt: 4/31	<u>.</u>
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Reichek , Ar	manda (The Honorable)				0008218	34	
4	Date 09/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Barron, Thomas 6 Contributor address; City; State; Zip Code		7	Amount o	of Contribution (\$)	\$250.00		
		Dallas, TX 75204						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10		employer/law firm		11 Law firm of contributor's s	spous	se (if any)		
	Law Office o	of Thomas Barron						
12	If contributor i	s a child, law firm of parent(s) (f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount o	of Contribution (\$)	
	09/16/2024	Clouston, David	<u> </u>					\$5,000.00
		Contributor address; City;	State; Zip Code		"			
			·					
		Dallas, TX 75202						
	Contributor's	I Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	spous	se (if anv)		
	Sessions Fir					(),		
_		s a child, law firm of parent(s) (if any)					
		o a oa, ian or paroin(o) (
	Date	Full name of contributor	out-of-state PAC (ID#:	1	T	Amount o	of Contribution (\$)	
	09/07/2024	Doss, Manoj		/			(+)	\$500.00
		-	State: Zin Code					,
		Contributor address, Oity,	otate, zip code					
		Saint Paul, MN 55116						
	Contributor's	Principal Occupation		Contributor's Job Title				
	CEO	т ппограг Оссирацоп		CEO				
_		employer/law firm		Law firm of contributor's s	nou	co (if any)		
	IIT	employer/law lillii		Law IIIII of Contributor 3 3	spou.	se (ii ariy)		
_		s a child, law firm of parent(s) (f any)					
	ii contributor i	s a crilid, law littli of parerit(s) (i arry)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/31
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4			7	Amount of Contribution (\$) \$250.00		
		Plano, TX 75025				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Snellings La	employer/law firm w PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/26/2024	Greehill, Joe Contributor address; City;	State; Zip Code			\$100.00
		Fort Worth, TX 76109		T		
	Contributor's I	Principal Occupation		Contributor's Job Title Attore		
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Kelly Hart Ha	• •		Law iiiiii oi continuttoi 3 3	Jou	se (ii aiiy)
-		s a child, law firm of parent(s) (i	f any)			
			,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/19/2024	Hayes, Steven	_			\$100.00
		Contributor address; City; Arlington, TX 76012	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney	molpai occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Steven K Hayes				
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/31
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	<u> </u>		7	Amount of Contribution (\$) \$2,000.00		
L		Dallas, TX 75219		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/26/2024	Holmes, James Contributor address; City;	<u> </u>			\$250.00
		Dallas, TX 75201		1		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Holmes PLL	employer/law firm		Law firm of contributor's sp	oou:	se (if any)
		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a clind, law littl of paretil(s) (i	i aliy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/09/2024	Illich, Niles				\$250.00
		Contributor address; City; Dallas, TX 75244	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Palmer Perls	stein				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/31
2	FILER NAME Reichek, Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 09/09/2024	Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00	
		Dallas, TX 75243				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Faegre Drinl	employer/law firm ker		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/08/2024	Contributor address; City;	State; Zip Code			\$50.00
	Contributorio	Dallas, TX 75211		Contributor's Job Title		
	Not Employe	Principal Occupation		Not Employed		
		employer/law firm		Law firm of contributor's sp	ากเเร	e (if any)
	Not Employe					- (· ···· y)
		s a child, law firm of parent(s) (if	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/09/2024	Medlenka, Chris Contributor address; City;	State; Zip Code			\$250.00
		Colleyville, TX 76034				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Medlenka La					
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/31
2	FILER NAME	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4			7	Amount of Contribution (\$) \$1,000.00		
		Dallas, TX 75206				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of Goranson B	employer/law firm ain Ausley		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (if	anv)			
	. II continuator i	o a orma, taw iiiii or parorit(o) (ii	y)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/09/2024	Queenan, Kevin				\$250.00
		Contributor address; City;	State; Zip Code			
_	Contributorio	Arlington, TX 76015		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดบร	e (if any)
	Queenan La					- (7)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/25/2024	Rutherford, Jay			.	\$250.00
		Contributor address; City; Fort Worth, TX 76102	State; Zip Code			
-	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Jackson Wa	lker				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

MONE	TARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
The Inst	ruction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/31		
2 FILER NAM				3 Filer ID (Ethics Commission Filers)
	Amanda (The Honorable)			00082184
4 Date 09/26/202	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 09/26/2024 Samples Ames PLLC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,500.00	
	Dallas, TX 75248			
8 Contributor	's Principal Occupation		9 Contributor's Job Title	
10 Contributor	's employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contribute	or is a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/07/202		<u> </u>		\$250.00
	Dallas, TX 75214			
Contributor	's Principal Occupation		Contributor's Job Title	
Attorney			Attorney	
Contributor	's employer/law firm		Law firm of contributor's sp	oouse (if any)
Ted B Lyc	on & Associates PC			
If contribute	or is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/202	Townsend, Howard	<u> </u>		\$50.00
	Contributor address; City;	State; Zip Code		
	Carrollton, TX 75007			
Contributor	's Principal Occupation		Contributor's Job Title	
Not Emplo			Not Employed	
Contributor Not Emplo	's employer/law firm		Law firm of contributor's sp	pouse (if any)
	or is a child, law firm of parent(s) (if any)		

MONET	TARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A(J)1
The Instru	action Guide explains how to complete this f	1	es Schedule A(J)1: Rpt: 10/31	
2 FILER NAME Reichek , A	: manda (The Honorable)			(Ethics Commission Filers)
4 Date 09/26/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)			f Contribution (\$) \$1,500.00
	Dallas, TX 75201			
8 Contributor's Attorney	Principal Occupation	9 Contributor's Job Title Attorney		
	employer/law firm ishnew Lang	11 Law firm of contributor's sp	oouse (if any)	
	is a child, law firm of parent(s) (if any)	<u> </u>		

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
Gitl/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this		OTHER (enter a	category not listed above)	
_	T-4-1 O-1				(Ethina Camminaine Eilana)	_
1	Total pages Schedule F1:		3		(Ethics Commission Filers)	
	Sch: 1/21 Rpt: 11/31	Reichek , Amanda (The Honorable)		00082184		
4	Date	5 Payee name				
	07/17/2024	AT&T				
6	Amount (\$)	7 Payee address; City; State; Zip Code				-
	\$314.23	208 S. Akard				
		Dallas, TX 75202				
8	DUDDOCE					_
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc		tside of Texas. Com	nlete Schedule T	
	EXPENDITURE	Onice overnead/tental Expense		X, officeholder living		
		ı –		vice/int'l data		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	-
	expenditure to benefit C/O					
H	Date	Payee name				=
	08/14/2024	AT&T				
						_
	Amount (\$)	Payee address; City; State; Zip Code				
	\$126.43	208 S. Akard				
		Dallas, TX 75202				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription			
	OF EXPENDITURE	Onice Overhead/Nertial Expense		tside of Texas. Com		
	EXI ENDITORE			X, officeholder living .	g expense	
		Cell	phone serv	vice		
						_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld	
	Date	Payee name				
	08/23/2024	AT&T				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$181.06	208 S. Akard				
		Dallas, TX 75202				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	crintion			-
	OF			tside of Texas. Com	plete Schedule T.	
	EXPENDITURE		heck if Austin, T	X, officeholder living	g expense	
		Int'l o	data plan			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	
	expenditure to benefit C/O					
						_
l						

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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/21 Rpt: 12/31	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	_
	09/16/2024	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$126.43	208 S. Akard	
		Dallas, TX 75202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Cell phone service	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	09/23/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.12	208 S. Akard	
		Dallas, TX 75202	
	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	
		Cell phone service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	07/26/2024	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$14.06	345 Park Avenue	
		San Jose, CA 95110	
	PURPOSE	To a	_
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		License Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beriefft 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

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: 3/21 Rpt: 13/31 Reichek, Amanda (The Honorable) 00082184 4 Date Payee name 08/26/2024 Adobe 6 Amount (\$) Payee address; City; State; Zip Code \$14.06 345 Park Avenue San Jose, CA 95110 8 **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 License fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2024 Adobe Amount (\$) Payee address; City; State; Zip Code \$14.06 345 Park Avenue San Jose, CA 95110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense License fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/29/2024 Al Biernat's Amount (\$) Payee address: City; State; Zip Code \$430.80 4217 Oak Lawn Avenue Dallas, TX 75219 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff appreciation lunch 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/21 Rpt: 14/31	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	•
	08/28/2024	Al Biernat's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$90.60	4217 Oak Lawn Avenue	
		Dallas, TX 75219	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Food/Beverage Expense	heck if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	,	heck if Austin, TX, officeholder living expense
		Lunc	ch with extern
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/26/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.88	410 Terry Ave. North	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Onice Overhead/Nerital Expense	heck if travel outside of Texas. Complete Schedule T.
		I —	heck if Austin, TX, officeholder living expense age containers
		Stor	age containers
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		emse neid
_	Date	Payeo namo	
	08/26/2024	Payee name Amazon	
	Amount (\$) \$71.30	Payee address; City; State; Zip Code 410 Terry Ave. North	
	\$71.30	410 Telly Ave. Notti	
		Coordia WA 00100	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	T Office Overhead/Nertial Expense	heck if Austin, TX, officeholder living expense
			ce coffee supply
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	l 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: 5/21 Rpt: 15/31	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	09/11/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.50	410 Terry Ave. North	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Coffee supplies	
		Conee supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Date	Power name	
	09/03/2024	Payee name BAM Beauty Bar	
<u> </u>			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$154.80	3700 McKinney Ave #152	
		Dallas, TX 75204	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Photoshoot makeup	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/17/2024	Bandolier	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.92	137 N Larchmont Boulevard	
	7000.02		
		Los Angeles, CA 90003	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff attorney appreciation gifts	
_			
	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

Mourage and the control of the contr

	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 File	ers)
	Sch: 6/21 Rpt: 16/31	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	08/12/2024	COD Aviation Parking Garage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.00	7555 Lemmon Avenue	
		Dallas, TX 75209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Airport parking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol		
-	Date	Davis name	
	09/09/2024	Payee name COD Aviation Parking Garage	
	Amount (\$) \$64.00	Payee address; City; State; Zip Code 7555 Lemmon Avenue	
	\$04.00	7555 Lettillion Avenue	
		Delles TV 75200	
		Dallas, TX 75209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Airport parking for CLE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	IH	
	Date	Payee name	
	07/01/2024	Cane Rosso	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$199.53	7328 Gaston Ave #100	
		Dallas, TX 75214	
	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.	
		Campaign dinner	
		Campaign anner	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
_	Sch: 7/21 Rpt: 17/31	Reichek , Amanda (The Honorable)		00082184
4	Date	5 Payee name		
	08/09/2024	Dallas AFL-CIO		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$240.00	1408 N Washington Ave # 240		
		Dallas, TX 75204		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Labor Day breakfast sponsorship and ad
				Edubit Day breaklast sponsorship and da
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Office field
\vdash	Data			
	Date	Payee name		
	07/05/2024	Dallas Bar Association		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$250.00	2101 Ross Avenue		
		Dallas, TX 75201		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Bench Bar registration fee
				Denon Dai registration lee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	Since hold
_	Date	Payes name		
	08/28/2024	Payee name Dallas Bar Association		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$499.00	2101 Ross Avenue		
		Dallas, TX 75201		
	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
				Bench Bar registration fee for extern
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		<i>J</i>	

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/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains	ŭ	s/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1: 2 FILER	RNAME			3 Filer ID	(Ethics Commission Filers)
Sch: 8/21 Rpt: 18/31 Reich	hek , Amanda (The Honorable)			00082184	
4 Date 5 Payer	e name				
08/26/2024 Dem	ocracy Toolbox				
6 Amount (\$) 7 Paye	e address; City; State	; Zip Code			
\$10,950.00 8813	Falcon Crest				
	nney, TX 75070				
	GOTY (See Categories listed at the top of this sch	nedule) (b)	Description		
EXPENDITURE Cons	sulting Expense		_	outside of Texas. Comp , TX, officeholder living	
			_	e, event, text p	
			· ·		
Complete ONLY if direct Candic expenditure to benefit C/OH	late/Officeholder name	Office sought		Office he	eld
Date Paye	e name				
09/26/2024 Dono	orBox				
Amount (\$) Paye	e address; City; State	; Zip Code			
\$341.73 601।	King Street, Suite 200				
	andria, VA 22314				
PURPOSE (a) Cate(. (nedule) (b)	Description		
EXPENDITURE Fees				outside of Texas. Comp , TX, officeholder living	
			_		nsactions during the
			reporting peri		J
Complete ONLY if direct Candic expenditure to benefit C/OH	late/Officeholder name	Office sought		Office he	eld
Date Pave	e name				
	e Postal Center				
		; Zip Code			
l ','	Mockingbird Lane	,p			
Dalla	s, TX 75214				
PURPOSE (a) Categ	Ory (See Categories listed at the top of this sch	nedule) (b)	Description		
OF Posta	age/stationary		ш	outside of Texas. Com	
			Postage/station	, TX, officeholder living	expense
			1 Ostage/statio	oriary	
Complete ONLY if direct Candid	late/Officeholder name	Office sought		Office he	ald
expenditure to benefit C/OH	ato, officerolact ridific	Cince Sought		Office He	JU.

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 19/31	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	
	07/26/2024	Excellent Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.00	Unknown	
		Unknown, TX	
8	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			Valet parking for work lunch
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/61	'	
	Date	Payee name	
	08/27/2024	Excellent Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	Unknown	
		Unknown, TX	
	PURPOSE OF	, (************************************	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			Valet
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Gro	'	
	Date	Payee name	
	08/23/2024	Fortune House	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$113.10	2010 Greenville Ave Suite B	
		D. II. TV 77000	
		Dallas, TX 75206	
	PURPOSE OF	1	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 20/31	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	08/01/2024	Fortune House
6	Amount (\$) \$74.54	7 Payee address; City; State; Zip Code 2010 Greenville Ave Suite B Dallas, TX 75206
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with colleagues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 Amphitheater Parkway
	DUDDOG	Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email storage
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/26/2024	Google
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheater Parkway
		Mountain View, CA 94043
	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
		Email storage
	Complete ONLY if direct expenditure to benefit C/O	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

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 21/31	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	
	09/26/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$2.12	1600 Amphitheater Parkway	
l			
		Mountain View, CA 94043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Onice Overneda/Nerital Expense	outside of Texas. Complete Schedule T.
l		Email storage	TX, officeholder living expense
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
l	07/23/2024	Harris Victory Fund	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$100.00	PO Box 96663	
l			
		Washington, DC 20077	
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Continuations wade by	outside of Texas. Complete Schedule T. TX, officeholder living expense
l			o Harris campaign
l		Contribution to	o Hamo dampaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	07/26/2024	Hilton Dallas/Rockwall Lakefront	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$429.19	2055 Summer Lee Drive	
l	*		
		Rockwall, TX 75032	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel In District	outside of Texas. Complete Schedule T.
l	LAFENDITORE		TX, officeholder living expense
l		Bench Bar Ho	otel Reservation
dash	Operation ON VIVI	Out in the later of the later o	Office heald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 12/21 Rpt: 22/31	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	09/23/2024	Hilton Dallas/Rockwall Lakefront	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.57	2055 Summer Lee Drive	
		Rockwall, TX 75032	
8	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	
		Breakfast at Bench Bar	
		2.04.1140.14.120.16.124.1	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	09/03/2024	Hudson House	
	Amount (\$) \$128.92	Payee address; City; State; Zip Code 4448 Lovers Ln	
	\$128.92	4448 Lovers Lii	
		Dallas, TX 75225	
	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	
		Campaign lunch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	08/08/2024	Hudson House	
	Amount (\$) \$79.14	Payee address; City; State; Zip Code 4448 Lovers Ln	
	Φ/9.14	4446 LOVEIS LII	
		D. II. T. V. 77007	
		Dallas, TX 75225	
	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	
		Campaign lunch	
	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 13/21 Rpt: 23/31	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
Ļ	08/12/2024	J.W. Marriott Hill Country
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,010.18	23808 Resort Parkway
		San Antonio, TX 78261
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for CLE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	09/09/2024	J.W. Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$860.72	110 E 2nd St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for CLE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	п
	Date	Payee name
	09/18/2024	Lovers Seafood and Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$265.44	5200 W Lovers Ln
		Dallas, TX 75209
	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.
	ZAI ENDITORE	Check if Austin, TX, officeholder living expense Chambers lunch with extern
		Chambers which with extern
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 24/31	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	07/09/2024	Lovers Seafood and Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.22	5200 W Lovers Ln
		Dallas, TX 75209
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
		Campaign dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/09/2024	Mai Tai
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.88	207 San Jacinto Blvd #201
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner at CLE
		Billiof at GEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/26/2024	Oishi
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.17	2525 Wycliff Ave #110
		Dallas, TX 75219
	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
		Campaign lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontions 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

mbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor 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: 15/21 Rpt: 25/31	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/19/2024	Olive Garden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.97	1043 E Interstate 30
		Rockwall, TX 75087
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 Dinner at Bench Bar
		Billion at Bellon Bal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	07/01/2024	Original Chop Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.70	6401 Hillcrest Ave #100
		Dallas, TX 75205
	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.
		Campaign lunch
		Campaign funch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/20/2024	Ramen Head
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.92	112 N San Jacinto St
		Rockwall, TX 75087
	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
		Lunch at Bench Bar
_	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 Com

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

	Candidate/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: 16/21 Rpt: 26/31	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	09/16/2024	Restaurant Beatrice	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$76.87	1111 N Beckley Ave	
		Dallas, TX 75203	
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 Campaign lunch	
		Campaign lands	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Dougo nomo	
		Payee name	
	09/06/2024	Revolucion	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.45	207 San Jacinto Blvd Suite 200	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Breakfast at CLE	
		Dicariast at GEE	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
_	Data	Davies same	
	Date 08/12/2024	Payee name Soluna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.05	7959 Broadway #204	
		San Antonio, TX 78209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Lunch at CLE	
		Eurion at OLE	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
	orean out a tyment		The Instruction Gu	ide explains how to co	mpl	ete this form.					
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Fil	ers)	
	Sch: 17/21 Rpt: 27/31	Reichek	, Amanda (The Hor	norable)				00082184			
4	Date	5 Payee nar	ne								
	08/05/2024		st Airlines								
6	Amount (\$)	7 Payee add	dress; City;	State; Zip Co	nde						
	\$490.96	,	e Field Drive	эшэ, цр э							
	¥ 100.00		0.10.0.21110								
		Dallag T	V 75225								
		Dallas, T									
8	PURPOSE OF		(See Categories listed at th	e top of this schedule)	(b)	Description					
	EXPENDITURE	Travel O	ut of District					de of Texas. Com officeholder living	•		
						Airfare for CL			, охронос		
9	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıaht			Office he	eld		
ľ	expenditure to benefit C/OI		J. Hoomer Harme	000 000	.g			000 1			
\vdash	Date	Day to a tract									
	08/15/2024	Payee nar	กe st Airlines								
	Amount (\$)	Payee add		State; Zip Co	ode						
	\$130.96	2702 LOV	e Field Drive								
		Dallas, T	X 75235								
	PURPOSE OF	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description					
	EXPENDITURE	Travel O	ut of District					de of Texas. Com officeholder living			
						Airfare to CLE		onicendider living	expense		
						7 11110110 10 021					
_	Complete ONLY if direct	Candidate/0	Officeholder name	Office sou	ıaht			Office he	-jų		
	expenditure to benefit C/OI		J. Hoomer Harme	000 000	.g			000 1			
_	Data										
	Date 09/03/2024	Payee nar	^{ne} st Airlines								
	Amount (\$)	Payee add		State; Zip Co	ode						
	\$158.00	2702 LOV	e Field Drive								
		Dallas, T	X 75235								
	PURPOSE OF	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description					
	EXPENDITURE	Travel O	ut of District					de of Texas. Com officeholder living			
						Airfare for CL		onicendider living	rexpense		
						7 0 0 . 0 . 0 .	_				
-	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	laht Iaht			Office he	eld .		
	expenditure to benefit C/OI		onoidor ridirio	Office 300	-9'''			Cinice III	····		
-											
1											

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (I	Ethics Commission Filers)
Sch: 18/21 Rpt: 28/31	Reichek , Amanda (The Honorable)		00082184	
4 Date	5 Payee name		•	
08/07/2024	State Bar of Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$31.39	1414 Colorado Street			
	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if trave	el outside of Texas. Complet	
LAI LINDITORE			in, TX, officeholder living ex	pense
		Online article	e for CLE paper	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht.	Office held	
expenditure to benefit C/O		grit	Office field	
Date				
Date	Payee name			
07/09/2024	Stonewall Democrats of Dallas			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$35.00	P.O. Box 192305			
	Dallas, TX 75219			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		el outside of Texas. Complet in, TX, officeholder living ex	
		Annual mem		,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
07/11/2024	Survey Monkey			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$105.53	910 Park PI Ste 300			
	San Mateo, CA 94403			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		el outside of Texas. Comple	te Schedule T.
EXPENDITURE			in, TX, officeholder living ex	•
		Survey softv	vare for CLE prese	entation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	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 com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/21 Rpt: 29/31	Reichek , Amanda (The Honorable)		00082184
4	Date	5 Payee name		•
	08/12/2024	Survey Monkey		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$105.53	910 Park PI Ste 300		
		San Mateo, CA 94403		
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.
	EXPENDITURE		Ĺ	Check if Austin, TX, officeholder living expense
			٤	Survey software license fee
Ļ	0 1: 0.11.7.7.1.			05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
_	·			
	Date	Payee name		
	09/23/2024	Target		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$85.60	6419 Skillman St		
		Dallas, TX 75231		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Ę	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Office decor
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	07/03/2024	Thompson Dallas F&B		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$71.48	205 N. Akard Street		
	, -			
		Dallas, TX 75201		
_	PURPOSE		h) r	Docariation
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	ъ, г Г	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 ood/beverage Expense	į	Check if Austin, TX, officeholder living expense
			(Colleague dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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/Political Committe

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/21 Rpt: 30/31	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/26/2024	Toulouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$418.57	3314 Knox Street
		Dallas, TX 75205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/08/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.49	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber to hotel for CLE
		OSCI TO HOTEL TO TOLL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.54	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber from hotel to airport
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPCHURATE TO DEFICIT C/OF	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Coi	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expense Printing Expense	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guid	e explains l	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/21 Rpt: 31/31		Reichek , A	manda (The Hond	rable)				00082184	
4	Date	5	Payee name					_		
	09/05/2024		Whip In							
6	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Code				
ľ	\$37.70	ľ	-	Frontage Rd	Otato,	Zip Codo				
	Ψ51.10		1000 0 1 00	Tromage Na						
			>	70704						
L			Austin, TX	78704						
8	PURPOSE OF	(a)		ee Categories listed at the	op of this sche	edule) (b)	Description			
	EXPENDITURE		Travel Out	of District			_			nplete Schedule T.
							Lunch at CLE		, officeholder living	g expense
							Lunch at CLL	-		
Ļ	0 1: 01:17.7.1	<u>L</u>	0 1:1 : 101:						000	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	C	office sought			Office h	ela
L	·									