SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this f	orm.	1 Filer ID (Ethics Cor 000800	nmission Filers) 11		2 Total pa 50	iges filed:	
3 COMMITTEE NAME						OFFI	ICE USE C	ONLY
Friends of Tom Oli	verson					Date Received		
							ONICALLY I	FILED
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	; CIT	Y; ST	ATE;	ZIP CODE			
ADDRESS	1 E. Greenway Plza., Ste 225					Date Hand-deli	ivered or Date Po	stmarked
Change of Address								
	Houston, TX 77046					Receipt #	Amou	int
						Date Processe	d	
						Date Imaged		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST					MI		
NAME	Dr. Sherif							
	NICKNAME LAST					SUFFIX		
	Zaafran	l						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	EASE);	/	APT / SUITE	#; CIT	Y;	STATE;	ZIP CODE
TREASURER STREET	1 E. Greenway Plza., Ste. 225							
ADDRESS								
(Residence or Business)	Houston, TX 77046							
7 CAMPAIGN	STREET OR PO BOX;		1	APT / SUITE	#; CIT	Y;	STATE;	ZIP CODE
TREASURER MAILING	1 E. Greenway Plza., Ste. 225							
ADDRESS								
	Houston, TX 77046							
Change of Address								
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMB	ER E	EXTENSION					
PHONE	(713) 526-3399							
9 REPORT TYPE	January 15	X 30th	a day before el	ection		Exceeded m	nodified reporti	ng limit
		8th	day before ele	ction	Γ	Dissolution ((Attach PAC-D	R)
	July 15	 Run	off		Г	10th day afte	er campaign tre	easurer
					L	termination		
10 PERIOD	Month Day Year					Day Yea	ar	
COVERED	07/01/2024	TH	IROUGH		09/2	6/2024		
11 ELECTION	ELECTION DATE		2011		IIYPE F	Other		
	Month Day Year 11/05/2024	Prin	lary	Runoff	L	Other		
	11/03/2024	X Ger	ieral	Special				
		GO 1	O PAGE	2				
Forms provided by Te	xas Ethics Commission	vww.et	hics.state.t	(.us			Version V4	.1.0.48da51f7

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of Tom Oliverso	n		00080011	
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
PURPOSE		Tom Oliverson		
(Attach lists on plain				
paper to complete this	X Candidate			
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)	
		State Representative	(1 1 1 1 1 1 1)	
X SUPPORT (Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE
(Candidate of Measure)			Month	Day Year
OPPOSE				,
(Candidate or Measure)				
	Measure	DESCRIPTION		
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION		L FRIBUTIONS OF \$50 OR LESS (OTHER THAI		i
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE	V F LLDGLS,	\$ \$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED		\$0100
	2. TOTAL POLITICAL C			
		S, LOANS, OR GUARANTEES OF LOANS)		\$ \$234,376.66
		S, LOANS, ON COANANTEES OF LOANS		
EXPENDITURE	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		
TOTALS				\$ \$0.00
	4. TOTAL POLITICAL EX	(PENDITURES		
				\$ \$98,111.96
L				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	• • • • • • • • • • • • • • • • • • •
DALANCE	REPORTING PERIOD			\$ \$407,461.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF G PERIOD	THE LAST	\$ \$0.00
				\$ \$0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per and correct and includes all informatio	jury, that the acc n required to be	companying report is true
		Title 15, Election Code.	in required to be	reported by the under
		Dr. She	rif Zaafran	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er
Sworn to and subscribed	before me, by the said	, t	his the	day
		n, witness my hand and seal of office.		
	-			
Signature of officer ad	ministering oath Print	ed name of officer administering oath	litle of office	er administering oath

SUBTOTALS - SPAC	
C	OVER SHEET PG 3 3 of 50
17 COMMITTEE NAME18 Filer IDFriends of Tom Oliverson00080011	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 234,376.66
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. SCHEDULE E: LOANS	\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 94,097.49
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,014.47
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		om Oliverson			00080011	·
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/16/2024	Aegis Advocacy LLC				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/30/2024	Alfred, Amber				\$50.00
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77479				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Govt Affairs		HAR			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	07/30/2024	Alfred, Amber				\$50.00
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77479	· · · · ·			
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Govt Affairs		HAR	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/16/2024	American Pharmacy Inc GPAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78401				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
				5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/21/2024	BMG				\$500.00
		Contributor address; City; State; Zip Code		1		
		Phoenix, AZ 85018				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
<u> </u>		om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2024	Bennett, Donald				\$2,500.00
	I	6 Contributor address; City; State; Zip Code				
		West Lake Hills, TX 78746				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	General Part	uner	Bennett Ventures, LP			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/16/2024	Blair, Nelda				\$5,000.00
	I	Contributor address; City; State; Zip Code				
		The Woodlands, TX 77380				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Attorney		The Blair Law Firm			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/12/2024	Brady, Zachary				\$2,500.00
	I	Contributor address; City; State; Zip Code				
		Lubbock, TX 79401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Attorney		ZS Brady PLLC			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/04/2024	Brauer, Jr., Steve				\$5,000.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76107				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Sales		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Bresnan, Steven				\$500.00
	1	Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
┢						
						1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/17/2024	Brown, Myra				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051				
8	Principal occu	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	<u> </u> s)		
	Sales Marke		High Value Signs	.,		
_	Date)	Т	Amount of Contribution (\$)	
	08/17/2024	Brown, Myra	/			\$20.00
	00.2	Contributor address; City; State; Zip Code		-		*-
		Grapevine, TX 76051				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sales Marke	ting	High Value Signs			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/17/2024	Brown, Myra				\$20.00
		Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051		Ĺ		
	Principal occu Sales Marke	upation / Job title (See Instructions)	Employer (See Instructions High Value Signs	S)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢2 500 00
	09/13/2024	Bryan, James Perry				\$2,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner		Chisos Ltd.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/16/2024	Capelo, Jaime				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701		<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Self		Attorney			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Friends of T	om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/23/2024	Chapman, Ben				\$5.00
		6 Contributor address; City; State; Zip Code				
		Arlington, TX 76011				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retail		Golf Center of Arlington			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/16/2024	Clark, Chad				\$5,000.00
		Contributor address; City; State; Zip Code				
		······································				
		San Antonio, TX 78258				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Construction	1	Clark Construction of Te	exa	IS	
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/05/2024	Colyandro, John				\$2,000.00
		Contributor address; City; State; Zip Code				- -
		······································				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Public Affairs	s Consultant	Colyandro Public Affairs	5		
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/17/2024	Cox, Joe				\$200.00
		Contributor address; City; State; Zip Code				
		Belton, TX 76513				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Administratio	วท	Texas A&M AgriLife			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/07/2024	Cummins, Andrew				\$25.00
		Contributor address; City; State; Zip Code		1		
		Katy, TX 77450				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales		Braden			
\vdash						

	The Instrue	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/24 Rpt: 8/50	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Friends of To	om Oliverson				00080011	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/07/2024	Cummins, Andrew	-				\$25.00
		6 Contributor address; City; State	te; Zip Code		1		
			0, 2.9 0000				
		Katy, TX 77450					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Sales			Braden			
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/07/2024	Cummins, Andrew	_				\$25.00
		Contributor address; City; State	te; Zip Code		1		
		-					
		Katy, TX 77450					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sales			Braden			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Davis, Al	_				\$250.00
		Contributor address; City; State	te; Zip Code		1		
		Bryan, TX 77802					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Agency Dire	ctor		TX A&M Forest Service			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/15/2024	Demissie, Tefera					\$25.00
		Contributor address; City; State	ιe; Zip Code		1		
		Warren, MI 48093					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/17/2024	Dunklin, William					\$2,000.00
		Contributor address; City; State	ie; Zip Code]		
	<u> </u>	Dallas, TX 75248			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions		nting	
	Pediatric De			Rodeo Dental and Ortho	Juc	mucs	

				_		
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/24 Rpt: 9/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/10/2024	Dyment, Jeffrey	1			\$250.00
		6 Contributor address; City; State; Zip Code		1		
			1			
		Houston, TX 77092				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Attorney		Self			
	Date	Full name of contributor X out-of-state PAC (ID#:	,C00082792)	Γ	Amount of Contribution (\$)	
	09/16/2024	Eli Lilly and Company PAC				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Indianapolis, IN 46285	1			
<u> </u>	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	⊥ 3)		
		,		-,		
—	Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Π	Amount of Contribution (\$)	
	09/19/2024	Flores, William	/		Allount of Continents (+)	\$1,000.00
	00/10/202 .			-		Ψ1,000.00
		Contributor address; City; State; Zip Code	1			
			1			
		Bryan, TX 77802	1			
<u> </u>	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	$\frac{1}{2}$		
	Chair & CEC		Serolf Technologies	3)		
╘			-	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/01/2024	French, Kenneth				\$20.00
		Contributor address; City; State; Zip Code]		
			1			
			1			
L		Brenham, TX 77833				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/01/2024	French, Kenneth	1			\$20.00
		Contributor address; City; State; Zip Code		1		
			1			
		Brenham, TX 77833	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
⊢			<u> </u>			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/50	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
		om Oliverson			00080011	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/04/2024	Gates, Gary				\$5,000.00
		6 Contributor address; City; State; Zip Code				
		Richmond, TX 77406				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner		Gatesco, LTD			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/21/2024	Gonzales, Alexander				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78730				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Duane Morris LLP			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/24/2024	Greater Houston Anesthesiology				\$25,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75251				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/22/2024	Gum, Terry				\$5.00
		Contributor address; City; State; Zip Code		1		
		Lufkin, TX 75903				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/01/2024	Gum, Terry				\$10.00
		Contributor address; City; State; Zip Code		1		
		Lufkin, TX 75903				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDUI	LE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 8/24 Rpt: 11/50	
2 FILER NAME Friends of To	om Oliverson		3 Filer ID (Ethics Commission 00080011	on Filers)
4 Date 07/01/2024	 Full name of contributor out-of-state PAC (ID#: HOMEPAC Greater Houston Builders Association Contributor address; City; State; Zip Code 	ion	7 Amount of Contribution (\$)	\$1,000.00
	Houston, TX 77064			
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: HS Law PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$500.00
Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: HillCo PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00
Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:			
09/06/2024	Hock, Stacy Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$5,000.00
	Hock, Stacy			\$5,000.00
Principal occu	Hock, Stacy Contributor address; City; State; Zip Code Austin, TX 78746	Employer (See Instructions) Retired		\$5,000.00

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/24 Rpt: 12/50	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	om Oliverson		00080011	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/18/2024	Howard, Mike			\$2,500.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78209			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)	
CEO		Howard Energy		
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
08/21/2024	Hu, Wenrong			\$2,000.00
	Contributor address; City; State; Zip Code			
	Orlando, FL 32814			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Director		Egan Jones)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	± - 2 00
08/22/2024	Jones, Glenda			\$10.00
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
08/05/2024	Jones, Ray			\$20.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77095			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
· · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/05/2024	Jones, Ray			\$20.00
.	Contributor address; City; State; Zip Code			+=
	Continuation address, City, State, Zip Code			
	Houston, TX 77095			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Plilicipai occu		Employer (See manucuons	·)	
1				

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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/24 Rpt: 13/50	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		om Oliverson			00080011	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/21/2024	Keeler, David				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75038				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	CEO		RidgeAdmin			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/16/2024	King, Linda				\$500.00
		Contributor address; City; State; Zip Code				
		Commerce, TX 75428				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/17/2024	Kouyoumdjian, Raffy				\$2,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75229				
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist		Rodeo dental			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/07/2024	Kunz, Larry				\$30.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78223				
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	08/07/2024	Kunz, Larry				\$30.00
		Contributor address; City; State; Zip Code]		
		San Antonio, TX 78223	I			
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/50		
2	2 FILER NAME			3	Filer ID (Ethics Commiss	ion Filers)
	Friends of T	om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/07/2024	Kunz, Larry			(1)	\$30.00
	01/01/2021	6 Contributor address; City; State; Zip Code				\$00.00
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78223				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Retired		Retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	09/21/2024	Lary, Trey			(1)	\$1,000.00
		Contributor address; City; State; Zip Code				<i>,</i>
		Contributor address, City, State, Zip Code				
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Attorney		ABHR			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/24/2024	Lateef, Ahmad				\$500.00
				1		
		Houston, TX 77070				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	· :)		Amount of Contribution (\$)	
	09/12/2024	Lee, James				\$10,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Investor		JHL Capital Holdings			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2024	Longoria, Janiece				\$5,000.00
	Contributor address; City; State; Zip Code			1		
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/50	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Friends of Tom Oliverson				00080011	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/11/2024	Lopez, Favio				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Fairfax Station, VA 22039	,			
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Executive		Trideum			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/17/2024	Mansour, Yahya				\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75209				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Dentist		Rodeo Dental			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	March, Paul				\$20.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546	i			
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/25/2024	March, Paul				\$20.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	March, Paul				\$20.00
		Contributor address; City; State; Zip Code				
	· · · ·	Friendswood, TX 77546		-		
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		Retired			
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/24 Rpt: 16/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Tom Oliverson 00080011 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/19/2024 Mark Herman Campaign \$2,500.00 6 Contributor address; City; State; Zip Code Spring, TX 77379 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/22/2024 Mcdougal, Marc \$5,000.00 Contributor address; City; State; Zip Code Lubbock, TX 79401 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate Mcdougal Companies** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/22/2024 Mcilree, Sandy \$20.00 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Good Morning Meg Media Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/22/2024 \$20.00 Mcilree, Sandy Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Good Morning Meg Media Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/22/2024 \$20.00 Mcilree, Sandy Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Good Morning Meg Media

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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/50	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/13/2024	Miller, Robert D.				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75201				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Attorney		Locke Lord LLP			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Modesett, David				\$20,000.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77227				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	President		Vega Energy Holdings			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/01/2024	NWFRW PAC				\$250.00
		Contributor address; City; State; Zip Code				
		Tomball, TX 77377				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/21/2024	Norton, Scott				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Texarkana, TX 75503				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	CEO		TexAmericas Center			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/21/2024	O'Grady, Paul				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Orland Park, IL 60467				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/24 Rpt: 18/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Tom Oliverson 00080011 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Oates, Kathleen \$100.00 6 Contributor address; City; State; Zip Code Magnolia, TX 77354-4078 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2024 \$1,000.00 Peck Jr, John Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/16/2024 Pediatric Dentists PAC \$1,000.00 Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Employer (See Instructions) X out-of-state PAC (ID#: C00513549 Date Full name of contributor Amount of Contribution (\$) 08/24/2024 \$1,000.66 Phillips 66 PAC Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/15/2024 \$20.00 Post, Dani Contributor address; City; State; Zip Code Hempstead, TX 77445 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		om Oliverson			00080011	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/15/2024	Post, Dani				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Hempstead, TX 77445	_			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/15/2024	Post, Dani				\$20.00
		Contributor address; City; State; Zip Code]		
		Lampateed TV 7744E				
	Dringing occu	Hempstead, TX 77445	Employer (See Instructions	<u> </u>		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
⊢				.		
	Date	—)		Amount of Contribution (\$)	*1 000 00
	08/21/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		Conway, AR 72034				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	CEO		Providence Financial Gr		р	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/09/2024	Reese, Parker			•••••••••••••••••••••••••••••••••••••••	\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Rollingwood, TX 78746				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	CEO		Ameredev			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/24/2024	Riske, Dolores				\$50.00
		Contributor address; City; State; Zip Code]		
	Drive treat every	Georgetown, TX 78626		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/24 Rpt: 20/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Tom Oliverson 00080011 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Saldana, Amanda \$1,000.00 6 Contributor address; City; State; Zip Code Pharr. TX 78577 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/05/2024 \$75.00 Schnautz, Danny Contributor address; City; State; Zip Code Pasadena, TX 77508 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Clark Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/07/2024 \$20.00 Sellers, Greg Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales TQI Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/07/2024 \$20.00 Sellers, Greg Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales TOI Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/07/2024 \$20.00 Sellers, Greg Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales TOI

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/50		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Friends of To	om Oliverson			00080011	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/26/2024	Shackelford, Don				\$100.00
	ļ	6 Contributor address; City; State; Zip Code				
		Houston, TX 77069-2031				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/31/2024	Stackhouse, Gene				\$250.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Spring, TX 77379	1			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date)		Amount of Contribution (\$)	_
	09/26/2024					\$20.00
		Contributor address; City; State; Zip Code				
	ļ	Katy, TX 77494				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 2)		
	Retired		Retired	<i>,</i>		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	07/17/2024	Full name of contributor out-of-state PAC (ID#: Stewart, Eric)			\$20.00
	0111112024					Ψ20.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	Katy, TX 77494				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/30/2024	Stockton, Roman				\$20.00
	Contributor address; City; State; Zip Code		1			
	ļ					
		Katy, TX 77449				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Designer		Bullseye Design			

	The Instru	ction Guide explains how	/ to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/24 Rpt: 22/50	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
-		om Oliverson				00080011	0111 11010,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/30/2024	Stockton, Roman					\$20.00
		6 Contributor address; City; Sta	tate; Zip Code		1		
		Katy, TX 77449				<u></u>	
8	Principal occu Designer	pation / Job title (See Instructions)	;)	9 Employer (See Instructions Bullseye Design	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/22/2024	Sullivan, Van	—				\$2,000.00
		Contributor address; City; Sta			1		
		· · · · · · · · · · · · · · · · · · ·					
		Huntsville, AL 35806					
	Principal occu	pation / Job title (See Instructions)	\$)	Employer (See Instructions	5)		
	CEO			Trideum	-		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/16/2024	TALHI Life Insurance PAC		/		, induit of 22	\$1,000.00
	00,20.2	Contributor address; City; Sta	-		ł		¥=,
		Austin, TX 78767					
	Principal occu	pation / Job title (See Instructions)	\$)	Employer (See Instructions	5)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/12/2024	TSAPAC	—				\$12,500.00
		Contributor address; City; Sta	tate; Zip Code		1		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	;)	Employer (See Instructions	5)		
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/24/2024	TX Chiropractic Associatio	on PAC				\$1,000.00
		Contributor address; City; Sta	tate; Zip Code		1		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	;)	Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/50	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		om Oliverson			00080011	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/21/2024	Taplin, Norman				\$4,000.00
		6 Contributor address; City; State; Zip Code		1		
		West Palm Beach, FL 33401				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>د)</u>		
0	Attorney		Stimson Center	<i>>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/16/2024	Texans For Lawsuit Reform PAC				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	D -th		<u> </u>	—	tt -f Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ</u> ጋ 000 00
	09/16/2024	Texas Orthopaedic PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/16/2024	Texas Surplus Lines Association PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78766	· · · · · · · · ·			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/16/2024	The Garcia Group			• •	\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/24 Rpt: 24/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Tom Oliverson 00080011 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/16/2024 Thompson, Jay \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78750 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/11/2024 Thorseth, Vienna \$25.00 Contributor address; City; State; Zip Code New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) Employer (See Instructions) IT analyst AHS Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/05/2024 Torn, Sam \$25,000.00 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Camp Ozark Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/09/2024 \$5,000.00 Williams, Ted Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) President & CEO Rockport Energy Solutions LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/10/2024 \$20.00 Williams, Tom Contributor address; City; State; Zip Code Schertz, TX 78154 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/24 Rpt: 25/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Tom Oliverson 00080011 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/10/2024 Williams, Tom \$20.00 6 Contributor address; City; State; Zip Code Schertz, TX 78154 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/10/2024 Williams, Tom \$20.00 Contributor address; City; State; Zip Code Schertz, TX 78154 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/06/2024 Williams-Lohmar, Judith \$22.00 Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Caregiver & Student Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/06/2024 \$22.00 Williams-Lohmar, Judith Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Caregiver & Student Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/06/2024 \$22.00 Williams-Lohmar, Judith Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Caregiver & Student Self

	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/50	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Friends of To	om Oliverson				00080011	-
4	Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7	Amount of Contribution (\$)	
	09/13/2024	Wilson Jr, Welcome					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77057					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Real Estate	Executive		Welcome Group, LLC			
⊨	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	08/31/2024	Wong, Patricia					\$50.00
		San Antonio, TX 78247					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	09/17/2024	Zarrabi, Saam				()	\$1,000.00
		Contributor address; City; State; Zip Code					
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Dentist			Rodeo Dental & Orthodo	onti	cs	
	Date	Full name of contributor out-of-state P	PAC (ID#:_)		Amount of Contribution (\$)	
	09/17/2024	Zarrabi, Saam					\$2,500.00
		Contributor address; City; State; Zip Code					
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Dentist			Rodeo Dental & Orthodo	onti	CS	
F	Date	Full name of contributor out-of-state P	PAC (ID#:_)		Amount of Contribution (\$)	
	09/09/2024	baggett, David					\$25,000.00
	Contributor address; City; State; Zip Code						
		Houston, TX 77002					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Managing Pa	artner		Opportune LLP			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	L Total pages Schedule A1: Sch: 24/24 Rpt: 27/50
2 FILER NAME Friends of Tom Oliverson	3 Filer ID (Ethics Commission Filers) 00080011
09/05/2024 jones, Ray 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)\$20.00
Houston, TX 77095 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURI	E CATEGOI	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til y - Gift/Awards/Memorials Expense Printing Expense Til				Travel in District Travel Out of Distri	ipment & Related Expense			
1	Total pages Schedule F1:	2				·	3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/13 Rpt: 28/50		Friends of Tom Oliverson					00080011	(
4	Date 07/03/2024		Payee name American Express							
6	Amount (\$)	7	Payee address; City;	State:	; Zip Co	le				
	\$11,593.07 PO Box 650448 Dallas, TX 75265									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Credit Card Payment							xpense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held	ł	
	Date		Payee name							
08/05/2024 American Express										
	Amount (\$)	┢	Payee address; City;	State:	; Zip Co	le				
	\$1,155.25									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Credit Card Payment						xpense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought					Office held	ł	
	Date		Payee name							
	09/03/2024		American Express							
	Amount (\$) \$2,763.31		Payee address; City; PO Box 650448	State;	; Zip Coo	le				
			Dallas, TX 75265							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Credit Card Payment	e top of this sche	edule)	Check if Austin	n, TX,	ide of Texas. Comple , officeholder living e: it Card Payme	xpense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office held	ł	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 2/13 Rpt: 29/50	Friends of Tom Oliverson	00080011						
4	Date 07/01/2024	5 Payee name Anedot							
6	Amount (\$) \$104.85	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 07/23/2024	Payee name Anedot							
	Amount (\$) \$19.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Irchant Account Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 08/20/2024	Payee name Anedot							
	Amount (\$) \$59.10	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770							
		New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Irchant Account Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BO	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C The Instruction Guide explains how to complet	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/13 Rpt: 30/50	riends of Tom Oliverson	00080011						
4	Date 08/30/2024	5 Payee name Anedot							
_									
6	Amount (\$) \$10.05	Amount (\$) \$10.05 7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
09/09/2024 Ben Bumgarner For Texas State Representative									
	Amount (\$)Payee address;City;State;Zip Code\$5,000.002201 Spinks Rd Ste 250								
		Flower Mound, TX 75022							
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By [Candidate/Officeholder/Political Committee [Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	ayee name							
	07/01/2024	Blakemore & Associates							
	Amount (\$) Payee address; City; State; Zip Code \$500.00 1 E Greenway Plaza Ste 225 1 E Greenway Plaza Ste 225								
		louston, TX 77046							
	PURPOSE OF EXPENDITURE	Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Expe	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/13 Rpt: 31/50	Friends of Tom Oliverson	00080011						
4	Date	Payee name							
	07/01/2024	Blakemore & Associates							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,000.00	1 E Greenway Plaza Ste 225							
		Houston, TX 77046							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Fundraising Fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sough	t Office held						
	Date	Payee name							
08/01/2024 Blakemore & Associates									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,500.00 1 E Greenway Plaza Ste 225 Houston, TX 77046								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense (c) Category Consulting Expense Check if Austin, TX, officeholder living expense									
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sough	t Office held						
	Date	Payee name							
	08/09/2024	Blakemore & Associates							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	1 E Greenway Plaza Ste 225							
		Houston, TX 77046							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Consulting Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sough	t Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 5/13 Rpt: 32/50	Friends of Tom Oliverson	00080011					
4	Date 09/01/2024	5 Payee name Blakemore & Associates						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,500.00	1 E Greenway Plaza Ste 225 Houston, TX 77046						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Ū	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Consulting Expense Check if Austin, TX, officeholder living expense (c) Category Category (c) Consulting Expense Check if Austin, TX, officeholder living expense (c) Category Category (c) Consulting Expense Category (c) Consulting E							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/09/2024 Caroline Harris Davila For State Representative							
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,000.00	PO Box 700 Round Rock, TX 78680						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/09/2024	Cherry Tree Republicans						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 12414 Foxburo Dr						
		Houston, TX 77065						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 6/13 Rpt: 33/50	Friends of Tom Oliverson	00080011							
4	Date 08/02/2024	5 Payee name City Kitchen								
6	Amount (\$) \$5,656.07	Payee address; City; State; Zip Code 818 W 19th St Ste 1 Houston, TX 77008								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Fundraising Event									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/26/2024	Cy Fair For Liberty PAC								
	Amount (\$)Payee address;City;State;Zip Code\$1,000.0013121 Louetta #1555									
		Cypress, TX 77429								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Category Category (c) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/27/2024	Cypress Republicans								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 13419 Hartford Bay Trail								
		Cypress, TX 77429								
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense DN							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Loa Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir nmittee Legal Services Sal The Instruction Guide explains how	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 7/13 Rpt: 34/50		Friends of Tom Oliverson				00080011	
4	Date	5	Payee name					
	09/09/2024		Denise Villalobos Campaign					
6	Amount (\$)	7	Payee address; City; State; Zi	ip Code	1			
	\$5,000.00		10330 Kingsbury Dr					
			Corpus Christi, TX 78410	i				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	_{e)} (b) Description			
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Officeholder/Political Committee	e	Contribution	, 17,	oncenduel living expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e sough	t		Office held	
	Date		Payee name					
09/09/2024 Don McLaughlin For State Representative								
	Amount (\$)		Payee address; City; State; Zi	ip Code				
	\$5,000.00		PO Box 1707					
			Uvalde, TX 78802					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	_{e)} (b	Description			
	OF EXPENDITURE		Contributions/Donations Made By	_			ide of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Officeholder/Political Committee	e	Contribution	, 17,	, oncenoider living expense	
					Contribution			
_	Complete ONLY if direct		Candidate/Officeholder name Office	e sough	t		Office held	
	expenditure to benefit C/OI	4		5				
_	Date		Payee name					
	07/01/2024		Grace Handley					
	Amount (\$)		Payee address; City; State; Zi	ip Code	!			
	\$200.00		21820 E Yaupon Circle					
			Tomball, TX 77377					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	_{e)} (b	Description		ide of Towar, Complete Ortestide T	
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense	
					Campaign Co			
					1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	e sough	t		Office held	
<u> </u>								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F umittee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:	2	•		·	3	Filer ID (Ethics Commission Filers)		
1	Sch: 8/13 Rpt: 35/50	2	Friends of Tom Oliverson			3	00080011		
4	Date	5	Payee name						
	08/01/2024		Grace Handley						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$200.00 \$21820 E Yaupon Circle								
			Tomball, TX 77377						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor							, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Offi	fice soug	ht		Office held		
	Date		Payee name						
	09/01/2024		Grace Handley						
	Amount (\$)		Payee address; City; State;	Zip Coc	e				
	\$200.00 21820 E Yaupon Circle Tomball, TX 77377								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	lule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
					Campaign Co	onti	ract Labor		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date		Payee name						
	09/11/2024		Harris County Republican Party						
	Amount (\$) \$350.00		Payee address; City; State; 2 8588 Katy Freeway Ste 445	Zip Coo	e				
			Houston, TX 77024						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committ	,			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr y - Gift/Awards/Memorials Expense Printing Expense Tr					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/13 Rpt: 36/50		Friends of Tom Oliverson				00080011			
4	Date 08/27/2024	5 Payee name Janie Lopez Campaign								
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	е					
	\$5,000.00		PO Box 2073 San Benito, TX 78586	·						
8	DUDDOSE				b) Deserviceties					
o	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	nt		Office held			
	Date		Payee name							
09/09/2024 John Lujan For State Rep										
	Amount (\$)		Payee address; City; State;	Zip Cod	е					
	\$5,000.00 PO Box 14479 San Antonio, TX 78214									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	nt		Office held			
	Date		Payee name							
	09/23/2024		Lacey Hull For Texas							
	Amount (\$)		Payee address; City; State;	Zip Cod	е					
	\$5,000.00		PO Box 19231	·						
			Houston, TX 77224							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committ	,			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	nt		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 37/50	Friends of Tom Oliverson	00080011
4	Date	Payee name	
	09/09/2024	Marc LaHood Campaign	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	127 Encino Blano	
		San Antonio, TX 78232	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/01/2024	Molly Wilson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	5004 Delores Ave	
		Austin, TX 78721	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntract Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/01/2024	Molly Wilson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	5004 Delores Ave	
		Austin, TX 78721	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntract Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CAT	EGORIE	S FOR	3OX 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 Expense Imittee Legal Services The Instruction Guide exp	Ofi Po Pri Sa	fice Overh olling Expe inting Expe alaries/Wa	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/13 Rpt: 38/50		Friends of Tom Oliverson					00080011
4	Date 09/01/2024	5	Payee name Molly Wilson					
6	Amount (\$) \$300.00		Payee address; City; 5004 Delores Ave Austin, TX 78721	State; Z	ip Cod	3		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule	e) (I		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense ract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	e sough	it		Office held
	Date		Payee name					
	07/03/2024		Raconteur Media Company					
	Amount (\$) \$2,075.00		Payee address; City; PO Box 26511 Austin, TX 78755	State; Z	ip Code	2		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Consulting Expense	this schedule	e) (I		ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense al Consulting
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e sough	it		Office held
	Date		Payee name					
	08/08/2024		Raconteur Media Company					
	Amount (\$) \$2,075.00		Payee address; City; PO Box 26511	State; Z	ip Cod	2		
			Austin, TX 78755					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Consulting Expense	this schedule	e) (I		ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense al Consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce sough	nt		Office held

			EXPENDITURE CA	TEGORIES	FOR	3OX 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 Expens nmittee Legal Services The Instruction Guide ex	Offic Pollin e Print Sala	e Overh ng Exper ng Expe ng Expe ies/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 12/13 Rpt: 39/50		Friends of Tom Oliverson					00080011
4	Date	5	Payee name					
	09/09/2024		Raconteur Media Company					
6	Amount (\$)	7	Payee address; City;	State; Zip	Code	9		
	\$2,075.00		PO Box 26511					
			Austin, TX 78755					
8	PURPOSE	(a)			0) Description		
Ŭ	OF	(4)	Category (See Categories listed at the top of Consulting Expense	f this schedule)	(`		outsi	side of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Campaign Di	igita	al Consulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	-	Candidate/Officeholder name	Office	sough	t		Office held
	Date		Payee name					
	08/07/2024		Republican Party Of Texas					
	Amount (\$)		Payee address; City;	State; Zip	Code	2		
	\$4,405.00		PO Box 2206					
	\$4,400.00							
			Austin, TX 78768					
	PURPOSE OF	(a)	Category (See Categories listed at the top of	f this schedule)	(k	Description		
	EXPENDITURE		Contributions/Donations Made B					side of Texas. Complete Schedule T. K, officeholder living expense
			Candidate/Officeholder/Political (Jommillee		Contribution	I, IA,	, oncenduer wing expense
						Contribution		
_	Complete ONLY if direct		Candidate/Officeholder name	Office	souah	t		Office held
	expenditure to benefit C/Oł			Childe	oougi			
_	Date	<u> </u>	Payee name					
	09/19/2024		Right Lists Of Texas					
			-	Stata: 7in	Code			
	Amount (\$)		Payee address; City;	State; Zip	Code	;		
	\$1,753.65		1 E Greenway Plaza Ste 225					
			Houston, TX 77046					
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(t) Description		
	OF EXPENDITURE		Advertising Expense	,			outsi	side of Texas. Complete Schedule T.
	EXPENDITORE							c, officeholder living expense
						Campaign Ei	mai	Il Distribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	t		Office held
		1						

			EX	PENDITURE CA	TEGORI	ES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Gift/Aw	everage Expense ards/Memorials Expens	C F Se F S	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2					·	3	Filer ID	(Ethics Commission Filers)
	Sch: 13/13 Rpt: 40/50		Friends of Tom C	lliverson					00080011	``````````````````````````````````````
4	Date 09/09/2024	5	Payee name Steve Kinard Car	npaign						
6	Amount (\$)	7	Payee address;	City;	Stato [.]	Zip Cod	9			
ľ	\$5,000.00	ľ	PO Box 260464	City,	State,	Zip Cou	C			
	\$5,000.00		PO B0X 200404							
			Plano, TX 75026							
8	PURPOSE	(a)	Category (See Category	ories listed at the top o	of this schedu	ule) (b) Description			
	OF EXPENDITURE		Contributions/Do						de of Texas. Com	•
			Candidate/Office	nolder/Political	Committ	tee		I, IX,	officeholder living	expense
							Contribution			
_									0111	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ier name	ΟΠ	fice soug	nt		Office he	eid
⊨	Date		Payee name							
	09/10/2024		TDCJ Manufactu	ring And Logist	ics					
⊢	Amount (\$)		Payee address;	City;		Zip Cod	9			
	\$752.34		PO Box 4013	City,	State,	Zip Cou	C			
	\$752.34		PO B0x 4013							
			Huntsville, TX 77	342						
	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this sched	ule) (b) Description			
	OF EXPENDITURE		Gift/Awards/Mem	orials Expense					de of Texas. Com	
									officeholder living	expense
							Campaign A	JCU	on items	
	-									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Off	fice soug	nt		Office he	eid
⊨	Date									
	09/18/2024		Payee name Texans For Medi	cal Freedom						
					Otata	7	_			
	Amount (\$)		Payee address;	City;	State;	Zip Cod	e			
	\$1,000.00		PO Box 175272							
			Arlington, TX 760	03						
	PURPOSE	(a)	Category (See Category	ories listed at the top o	of this schedu	ule) (b) Description			
	OF EXPENDITURE		Contributions/Do						de of Texas. Com	
			Candidate/Office	nolder/Political	Committ	tee	Contribution	ι, TΧ,	officeholder living	expense
							Contribution			
<u> </u>	Complete ONUV 5 dive of	L	Condidate Office to 1	lor norma		line er li			<u> </u>	Nd
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ier name	Off	fice soug	ii.		Office he	eiu

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		licitation/Fundraising E ansportation Equipmer		Evponco
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Tra	avel in District	ii a Reialeu	Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		ls/Memorials Expense ⁄ices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District THER (enter a category	y not listed a	bove)
			ruction Guide explains	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 1/10 Rpt: 41/50	Friends of Tom Oliv	verson			00080011		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	IZED			
	ISSUER	America	n Express	EXPENDITURES CHARGED TO A CF		\$		
				CARD	CDII			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	' Paid		
		\$10.83	07/01/2024	08/05/2024				
		Φ10.03	07/01/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State.	Zip Code
Ľ		(a) Fayee name		10019 lh 35 South		City,	State,	
		Hill Country Spring	S	10019 11 22 20001				
				Austin TV 70747 17				
F	PURPOSE OF	(a) Catagony		Austin, TX 78747-17 (b) Description	65			
8	EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Capitol Office Water				
		Office Overhead/Ren	tal Expense	Capitor Onice Water				
	X Political							
	Non-Political		of Texas. Complete Schedule		stin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$781.46	07/08/2024	08/05/2024				
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Couthwast Airlines		Po Box 36611				
		Southwest Airlines						
				Dallas, TX 75235				
	PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description				
		Travel Out of District	of this schedule)	Campaign Staff Airfa	are			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	stin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	^r Paid		
		\$35.18	07/12/2024	09/03/2024				
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				225 Varick St FI 12				
		Squarespace						
				New York, NY 10014	1			
⊢	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	,	Campaign Website				
	X Political	Office Overhead/Ren	tal Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	stin, TX,	officeholder living exp	ense	
⊢	Complete ONLY if direct	Candidate/Officeholder		Diffice sought		Office held		
e	xpenditure to benefit C/OH			-				
Ľ								

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		icitation/Fundraising nsportation Equipme		Expense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Tra	vel in District		
	Candidate/Officeholder/Politica	al Committee Legal Serv		Salaries/Wages/Contract Labor		HER (enter a catego	ry not listed at	oove)
		The Inst	ruction Guide explains l	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 2/10 Rpt: 42/50	Friends of Tom Oliv	verson			00080011		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEN		•		
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A C		\$		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid		
		\$15.51	07/19/2024	09/03/2024				
7	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code
				1455 Market St 400)			
		Uber						
				San Francisco, CA	94103			
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Transportation Equipt	,	Campaign Staff Gro	ound Tr	ansportation		
	X Political	Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	ustin, TX, c	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e>	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid		
		\$69.00	07/21/2024	09/03/2024				
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
				919 Congress Ave	Ste 125	50		
		Austin-Bergstrum						
				Austin, TX 78701				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
		Transportation Equip		Campaign Staff Par	rking			
	X Political	Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	ustin, TX, c	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e>	penditure to benefit C/OH		1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Carc	d Issuer	Paid		
		\$677.95	07/21/2024	09/03/2024				
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Southwest Airlines		Po Box 36611				
		Southwest Annues						
				Dallas, TX 75235				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	oro			
	_	Travel Out of District	,	Campaign Staff Airf	are			
	X Political							
	Non-Political		of Texas. Complete Schedule		ustin, TX, c	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e>	penditure to benefit C/OH							

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Awards	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
		The Inst	ruction Guide explains h	ow to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 3/10 Rpt: 43/50	Friends of Tom Oliv	/erson		00080011		
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZ			
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$442.98	07/21/2024	09/03/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				686 Anton Blvd			
		The Westin					
				Costa Mesa, CA 9262	26-1920		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	—	Travel Out of District	or this schedule)	Campaign Staff Lodgi	ng		
	X Political						
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	penditure to benefit C/OH	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	cuor Doid		
	PAYMENT	.,	.,	09/03/2024	ssuer Palu		
		\$14.51	07/21/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber		1455 Market St 400			
				San Francisco, CA 94	103		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Staff Grour	ad Transportation		
	X Political	Transportation Equipr	ment And Related	Campaign Stan Grou			
	Non-Political	Expense					
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin ffice sought	n, TX, officeholder living ex Office held	pense	
e.	Complete <u>ONLY</u> if direct openditure to benefit C/OH		name U	nice sought			
0,	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$325.00	07/25/2024	09/03/2024			
		\$325.00	0112512024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				1101 Vermont Ave No	orth West FI 11 FI	11	
		American Legislativ	e Council				
				Washington, DC 2000)5		
	PURPOSE OF	(a) Category		(b) Description			
		(See Categories listed at the top Event Expense	ui inis schedule)	Campaign Event Fees	5		
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
ex	penditure to benefit C/OH						

Forms provided by Texas Ethics Commission

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Accounting Staining Control Control State Accounting Control Control Contro Control Control Control Control Control Contr	Accessing bit has by origination of the standard sequence of the			EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)			
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Candidate/Differentiate/Bidded Committee Legal Services State/Addregat/Canada Of Hild (enter a category on listed above) 1 Total pages Schedule F4. 2 FILE R NAME 3 File TID (Ethics Commission File 0000011 4 CREDIT CADD Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CARRS TO A CREDIT CARRS TO	Ordelac/Office/Idea/Definition Laps Services State/Avage/Correct Lator OTH (rerer a segacy not lated atore) 1 Total pages Schedule F4: Sch: 4/10 Rpt: 44/50 2 FILER NAME 3 Filer ID (Ethes Commission Filers) 00080011 1 Creating CARD Name of financial institution ISSUER 5 TOTAL OF UNITERIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2 PAYMENT (a) Amount Charged \$10.99 (b) Date of Charge 07/25/2024 (b) Payee address: CHARGED TO A CREDIT CARD City. State. Zip Codit 3 PURPOSE OF EXPENDITURE (a) Category (compare CALL) if direct expenditure to benefit C/OH (b) Date of Charge 07/25/2024 (b) Date of Charge 07/25/2024 (b) Description Campaie CALL if direct expenditure to benefit C/OH State. Zip Codi 050 15Th St 2 Political Compare CALL if direct expenditure to benefit C/OH (c) Category (compare CALL if direct expenditure to benefit C/OH (c) Candidate/OfficeHolder name Office Sought Office Held PAYEE (a) Category (compare CALL if direct Compare CALL if direct Compare CALL if direct CHARGED TO A CREDIT (compare CALL if direct CHARGE TO A Addite OfficeHolder name Office Sought Office Held Office Held PAYEE (a) Category (compare CALL if direct if the softwate if the softwat		Consulting Expense			Polling Expense	Travel in District		·
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PURPOSE OF (a) Category (b) Description	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Campaign Staff Ground Transportation Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Uber					
	EXPENDITURE (See Categories listed at the top of this schedule) Campaign Staff Ground Transportation Image: Transportation Equipment And Related Expense Campaign Staff Ground Transportation Image: Non-Political (c) Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense					San Francisco, CA 94	4103		
EXPENDITURE (See Categories listed at the top of this schedule)	Transportation Equipment And Related Campaign Stan Ground Transportation Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					、 <i>,</i> , ,			
Transportation Equipment And Related	X Political Expense Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		EXPENDITURE		,	Campaign Staff Grou	nd Transportation		
V Delitical	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		X Political						
			Non-Political		of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living ex	pense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct Gandidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held		
	expenditure to benefit C/OH	e	xpenditure to benefit C/OH						

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award I Committee Legal Serv	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	·
	The Inst	ruction Guide explains	how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 5/10 Rpt: 45/50	Friends of Tom Oliv	/erson		00080011		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED		
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	от \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$100.00	07/26/2024	09/03/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			443 West Hwy 71	ony,	Otato,	210 0000
	Bastrop County Re	publicans	443 West Hwy 71			
			Destrop TV 70602			
	(a) Category		Bastrop, TX 78602 (b) Description			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Contribution			
	Contributions/Donatio		Contribution			
X Political	Candidate/Officehold	er/Political Committe	ee			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$69.00	07/26/2024	09/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			919 Congress Ave Ste	1250		
	Austin-Bergstrum		-			
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Campaign Staff Parking	g		
X Political	Transportation Equip	ment And Related		-		
Non-Political		of Texas. Complete Schedule		TV official class living a		
	(C) Check if travel outside Candidate/Officeholder	•	Diffice sought	TX, officeholder living ex Office held	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicendider	name C	Shice Sought	Onice neid		
	(a) Amount Chargod	(b) Data of Charge	(c) Date(s) Credit Card Iss	war Daid		
PATMENT	(a) Amount Charged	(b) Date of Charge	09/03/2024			
	\$900.54	07/26/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			650 15Th St			
	Hyatt Regency Der	iver				
			Denver, CO 80202			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Staff Lodgin	a		
X Political	Travel Out of District			~		
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
expenditure to benefit C/OH						
Forms provided by Texas E	thics Commission	www.ethics.s	state.tx.us	Ver	sion V4.1	.0.48da51

SCHEDULE F4

0.48da51f7

		EXPI	ENDITURE CATEGOR	RIES FOR BOX	10(a)				
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/F Office Overhead/R			ation/Fundraisi	ing Expense Iment & Related I	- xnense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense Is/Memorials Expense	Polling Expense Printing Expense		Travel	in District Out of District		2.400100
	Candidate/Officeholder/Politica			Salaries/Wages/Co	ontract Labor			egory not listed at	oove)
		The Inst	ruction Guide explains	how to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3	Filer ID (E	thics Commiss	sion Filers)
	Sch: 6/10 Rpt: 46/50	Friends of Tom Oliv	verson			00	080011		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL	OF UNITEMIZI	ED			
	ISSUER	see p	revious			\$			
		[-		CHAR	GED TO A CRE				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Pa	aid		
		\$12.78	07/27/2024	09/03/20)24				
		φ12.70	0112112024						
7	PAYEE	(a) Payee name		(b) Payee	address:		City,	State,	Zip Code
				333 Brai			0.0),	etato,	Lip oodo
		Dropbox		000 Dia					
				San Fra	ncisco, CA 942	107			
8	PURPOSE OF	(a) Category		(b) Descri					
	EXPENDITURE	(See Categories listed at the top	,	Campaig	gn File Storage	Э			
	X Political	Office Overhead/Ren	tal Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin	TV offic	oboldor living	0/20200	
0	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought			Office held	expense	
	xpenditure to benefit C/OH			since cought					
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Pa	aid		
		.,		09/03/20					
		\$12.82	08/01/2024						
	PAYEE	(a) Payee name		(b) Payee	address.		City,	State,	Zip Code
		(a) r ayee hame			35 South		City,	State,	
		Hill Country Spring	S	10013 11	00 0000				
				Ausitn T	X 78747-1765	5			
	PURPOSE OF	(a) Category		(b) Descri					
	EXPENDITURE	(See Categories listed at the top	,		Office Water				
	X Political	Office Overhead/Ren	tal Expense						
	Non-Political		of Toylog, Complete Cebedule			TV offic	abaldar living	0//20200	
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	Check if Austin		Office held	expense	
е	xpenditure to benefit C/OH	Candidate, Oniceriolder		Since Sought					
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Pa	aid		
		()		09/03/20					
		\$23.00	08/02/2024						
	PAYEE	(a) Payee name		(b) Payee	addroce:		City,	State,	Zip Code
	=	(a) r ayee hame			uinn Rd Unit E		City,	State,	
		Greater Tomball Ar	rea Chamber	29201 Q					
				Tomhall	TX 77375				
	PURPOSE OF	(a) Category		(b) Descri					
	EXPENDITURE	(See Categories listed at the top	,		gn Luncheon F	ees			
	X Political	Food/Beverage Expe	nse	Campai	,				
	Non-Political					TV "	-balda, P. 1		
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	e T. Office sought	Check if Austin		office held	expense	
~	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Canuluale/Officenoidei		Sought		C	Ance neid		
e									

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	Event Expr Fees Food/Beve y - Gift/Award al Committee Legal Serv	ense erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	oment & Related E	
	i	ruction Guide explains l	now to complete this form.			
1 Total pages Schedule F4:					Ethics Commiss	sion Filers)
Sch: 7/10 Rpt: 47/50	Friends of Tom Oliv	/erson		00080011		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREE CARD	от \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$35.18	08/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			225 Varick St Fl 12	,	,	
	Squarespace					
			New York, NY 10014			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Campaign Website			
	Office Overhead/Ren	tal Expense				
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name C	office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	¢40.07					
	\$49.67	08/19/2024				
PAYEE	(a) Payee name	08/19/2024	(b) Payee address;	City,	State,	Zip Code
PAYEE	(a) Payee name	08/19/2024	(b) Payee address; 2652 Lake Austin Blvd	City,	State,	Zip Code
PAYEE		08/19/2024		City,	State,	Zip Code
PAYEE	(a) Payee name	08/19/2024		City,	State,	Zip Code
PAYEE PURPOSE OF	(a) Payee name HEB (a) Category		2652 Lake Austin Blvd	City,	State,	Zip Code
	(a) Payee name HEB (a) Category (See Categories listed at the top	of this schedule)	2652 Lake Austin Blvd Austin, TX 78703	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Payee name HEB (a) Category	of this schedule)	2652 Lake Austin Blvd Austin, TX 78703 (b) Description	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem	of this schedule) tal Expense	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies			Zip Code
PURPOSE OF EXPENDITURE X Political Non-Political	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside	of this schedule) tal Expense of Texas. Complete Schedule	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies	TX, officeholder living		Zip Code
PURPOSE OF EXPENDITURE X Political Non-Political Complete <u>ONLY</u> if direct	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem	of this schedule) tal Expense of Texas. Complete Schedule	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies			Zip Code
PURPOSE OF EXPENDITURE X Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem (c) Check if travel outside Candidate/Officeholder	of this schedule) tal Expense of Texas. Complete Schedule	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies	TX, officeholder living Office held		Zip Code
PURPOSE OF EXPENDITURE X Political Non-Political Complete <u>ONLY</u> if direct	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside Candidate/Officeholder (a) Amount Charged	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies	TX, officeholder living Office held		Zip Code
PURPOSE OF EXPENDITURE X Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem (c) Check if travel outside Candidate/Officeholder	of this schedule) tal Expense of Texas. Complete Schedule	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies	TX, officeholder living Office held		Zip Code
PURPOSE OF EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss	TX, officeholder living Office held uer Paid	expense	
PURPOSE OF EXPENDITURE X Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside Candidate/Officeholder (a) Amount Charged	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss (b) Payee address;	TX, officeholder living Office held uer Paid City,		Zip Code
PURPOSE OF EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	(a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge 08/27/2024	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss	TX, officeholder living Office held uer Paid City,	expense	
PURPOSE OF EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Reministry (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name 	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge 08/27/2024	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 10	TX, officeholder living Office held uuer Paid City, 00	expense	
PURPOSE OF EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT PAYEE	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Reministry (c) □ Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name Activeworks Endur 	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge 08/27/2024	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 14 San Diego, CA 92121-4	TX, officeholder living Office held uuer Paid City, 00	expense	
PURPOSE OF EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Reminication (c) □ Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name Activeworks Endur (a) Category 	of this schedule) tal Expense of Texas. Complete Schedule name CC (b) Date of Charge 08/27/2024 cance	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 10 San Diego, CA 92121-4 (b) Description	TX, officeholder living Office held uer Paid City, 00	expense	
PURPOSE OF EXPENDITURE X Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Reministry (c) □ Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name Activeworks Endur 	of this schedule) tal Expense of Texas. Complete Schedule name CC (b) Date of Charge 08/27/2024 ance	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 14 San Diego, CA 92121-4	TX, officeholder living Office held uer Paid City, 00	expense	
PURPOSE OF EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Reministed of the top Office Overhead/Reministed at the top Office Andidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name Activeworks Endure (a) Category (See Categories listed at the top 	of this schedule) tal Expense of Texas. Complete Schedule name CC (b) Date of Charge 08/27/2024 ance	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 10 San Diego, CA 92121-4 (b) Description	TX, officeholder living Office held uer Paid City, 00	expense	
PURPOSE OF EXPENDITURE X Political Omplete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem (c) □ Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name Activeworks Endur (a) Category (See Categories listed at the top Office Overhead/Rem 	of this schedule) tal Expense of Texas. Complete Schedule name CC (b) Date of Charge 08/27/2024 ance	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office Sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 14 San Diego, CA 92121-4 (b) Description Campaign Software Su	TX, officeholder living Office held uer Paid City, 00	expense State,	
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	 (a) Payee name HEB (a) Category (See Categories listed at the top Office Overhead/Rem (c) □ Check if travel outside Candidate/Officeholder (a) Amount Charged \$131.25 (a) Payee name Activeworks Endur (a) Category (See Categories listed at the top Office Overhead/Rem 	of this schedule) tal Expense of Texas. Complete Schedule name C (b) Date of Charge 08/27/2024 ance of this schedule) tal Expense of Texas. Complete Schedule	2652 Lake Austin Blvd Austin, TX 78703 (b) Description Capitol Office Supplies T. Check if Austin, Office Sought (c) Date(s) Credit Card Iss (b) Payee address; 10182 Telesis Ct Ste 14 San Diego, CA 92121-4 (b) Description Campaign Software Su	TX, officeholder living Office held uer Paid City, 00 4777 bscription	expense State,	

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related E		
	The Inst	ruction Guide explains h	ow to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)	
Sch: 8/10 Rpt: 48/50	Friends of Tom Oliv	rerson		00080011			
4 CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMI				
ISSUER	see pr	evious	EXPENDITURES CHARGED TO A CR CARD	EDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
	\$12.78	08/27/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			333 Brannan St				
	Dropbox						
			San Francisco, CA 94	4107			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign File Stora	ge			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living e	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer Paid			
	\$29.81	09/03/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			10019 Ih 35 South				
	Hill Country Springs	5					
			Ausitn, TX 78747-176	65			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description				
	Office Overhead/Rent	,	Capitol Office Water	Capitol Office Water			
X Political		•					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		tin, TX, officeholder living e	expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
	\$95.00	09/04/2024					
DAVEE	() =						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Campaign Verify		4402 Reservoir Rd N				
			Weehsinten DC 200	07			
PURPOSE OF	(a) Category		Washginton, DC 2000 (b) Description	01			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Text Verifi	cation Fees			
X Political	Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		tin, TX, officeholder living e			
Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held			
expenditure to benefit C/OH		0					

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ient & Related E		
		The Inst	ruction Guide explains I	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	ion Filers)	
	Sch: 9/10 Rpt: 49/50	Friends of Tom Oliv	/erson		00080011			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$23.00	09/06/2024					
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		Greater Tomball Ar	ea Chamber	29201 Quinn Rd Unit	В			
				Tomball, TX 77375				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Luncheon F	Fees			
	Non-Political							
_		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living e Office held	xpense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Canuluale/Onicenoluer	name C	mice sought	Office field			
e,		(a) Amount Charged	(b) Date of Charge	(a) Data(c) Cradit Card Is	sever Daid			
	PATIMENT	\$2.00	09/10/2024	(c) Date(s) Credit Card Is				
	PAYEE (a) Payee name Houston City Centre		(b) Payee address; 4 Greenway Plz Ste C Houston, TX 77046-04		State,	Zip Code		
EXPENDITURE (See Categ		(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Campaign Staff Parkir	ng			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living e	xpense		
e>	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
		\$5.00	09/12/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
Cypres		Cypress Republicat	ns	8190 Barker Cypress Rd 51 Cypress, TX 77433				
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Office Overhead/Rent		Campaign Dues				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living e	xpense		
e>	Complete ONLY if direct openditure to benefit C/OH	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held			

Forms provided by Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense							
Contributions/ Donations M Candidate/Officeholder/	Event I Fees Food/E /ade By - Gift/Aw /Political Committee Legal S	Food/Beverage Expense I Gift/Awards/Memorials Expense I		Transportation Equipn Travel in District Travel Out of District			
		nstruction Guide explains	how to complete this form.				
1 Total pages Schedule	F4: 2 FILER NAME			3 Filer ID (Et	hics Commission Filers		
Sch: 10/10 Rpt: 50)/50 Friends of Tom C	Dliverson		00080011			
4 CREDIT CARD ISSUER		nancial institution e previous	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	\$	REDIT \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid			
	\$35.18	09/12/2024					
7 PAYEE	(a) Payee name	I	(b) Payee address;	City,	State, Zip Co		
	Squarespace		225 Varick St FI 12	2			
			New York, NY 100)14			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		e			
X Political							
Non-Political		ide of Texas. Complete Schedul		Austin, TX, officeholder living e	xpense		
9 Complete <u>ONLY</u> if dir expenditure to benefit C		der name C	Office sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid			
	\$40.00	09/17/2024					
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State, Zip Co		
	Cy-Fair Chambe	r	8711 Hwy 6 North	Suite 120			
				Houston, TX 77095			
	(a) Category (See Categories listed at the Office Overhead/R		(b) Description Campaign Dues				
X Political							
Non-Political				Austin, TX, officeholder living expense			
Complete ONLY if dir	rect Candidate/Officehole	der name C	Office sought	Office held			

SCHEDULE F4

Zip Code

Zip Code