CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	lete this form. 1 Filer ID (Ethics Commission Filers) 00065973			2 Total pages filed: 36		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
OFFICEHOLDER NAME	The Honorable	Giovanni S.			Date Received		
					ELECTRONICA	VIIV EII ED	
	NIO(4)AA45				10/07/2024	(LETTILLD	
	NICKNAME	LAST		SUFFIX	10/07/2024		
		Capriglione					
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING	1352 Ten Bar Trail						
ADDRESS					Receipt #	Amount	
Change of Address	Southlake, TX 76092						
'-	, , , , , , , , , , , , , , , , , , , ,				Date Processed		
					Data lasa and		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>		
TREASURER		Elisa B.		IVII			
NAME	IVII 5.	LIISA D.					
		LAST		SUFFIX			
		Capriglione					
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO I	BOX PLEASE);	АРТ	/ SUITE #; CITY;	STA	ATE; ZIP CODE	
ADDRESS	1352 Ten Bar Trail						
(Residence or Business)							
	Southlake, TX 76092						
7 CAMPAIGN	AREA CODE PHONI	E NUMBER E	EXTENSION				
TREASURER	(214) 500-3302	L NOWBER E	EXTENSION				
PHONE	(214) 300-3302						
8 REPORT							
TYPE	January 15 X	30th day before	election	Runoff	15th day after car	npaign treasurer	
		-		<u></u>	appointment (office	ceholder only)	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ich C/OH-FR)	
9 PERIOD COVERED	Month Day Year			Month Day	Year		
COVERED	07/01/2024	TH	IROUGH	09/26/202	4		
							
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	LIP	rimary	Runoff	Other		
	11/05/2024	XG	eneral	Special			
				_			
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)		
	State Representative Distri	ct 98 Tarrant		State Represent	ative District 98		
				<u> </u>			
		CO T	O PAGE 2				
		GU I	O FAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Capriglione, Giovann	S. (The Honorable)	14 Filer ID (00065973	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 35,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 1,713.43	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 21,280.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 220,327.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AST TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
		The Heneral	ole Giovanni S. Caprig	diana
			of Candidate or Officeholo	
AFFIX NO	TARY STAMP / SEAL AB	-		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	, and are	uuy
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLK 31	3 of 36
18 FIL		ME e, Giovanni S. (The Honorable)	19 Filer ID 00065973	(Ethics Com	mission Filers)
I		E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	35,275.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	21,280.91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/36	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 09/23/2024	 Full name of contributor out-of-state PAC (ID#:_ Brentwood Public Affairs Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#:_ Britton, Barry Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00	
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	NA		NA			
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Brownsville Firefighters Association Local 970 P. Contributor address; City; State; Zip Code	AC Fund		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Brownsville, TX 78523 pation / Job title (See Instructions)	Employer (See Instructions	 		
	Date Full name of contributor out-of-state PAC 09/23/2024 Cammack & Strong, P.C. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
_	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 09/16/2024	Full name of contributor X out-of-state PAC (ID#: Comerica, Inc. Political Action Committee Contributor address; City; State; Zip Code	00393173		Amount of Contribution (\$)	\$2,500.00
L		Detroit, MI 48275				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	HEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/36	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 09/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		Fort Worth, TX 76185				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/20/2024 Glover, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	coo	, , , , , , , , , , , , , , , , , , , ,	RFD & Associates	,		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Officer's UNION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Contributor address; City; State; Zip Code Eagle Pass, TX 78852			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date Full name of contributor X out-of-state PAC (ID#: C00225342) 08/12/2024 McGuire Woods Federal PAC fund Contributor address; City; State; Zip Code Richmond, VA 23219				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/36	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	n Filers)
4	Date 09/23/2024	 Full name of contributor out-of-state PAC (ID#: Mcelvaney Public Affairs Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$150.00
8	Dringing oggu	Austin, TX 78763 pation / Job title (See Instructions)				
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: NCHA's Texas Events PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: POLITICAL ACTION COMMITTEE OF THE INI Contributor address; City; State; Zip Code Austin, TX 78768			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Prentice, Wiley (Mr.) Contributor address; City; State; Zip Code Southlake, TX 76092			Amount of Contribution (\$)	\$50.00
	Principal occu Entrepreneu	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Public Blueprint LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (SCHEDULE A			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/36	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 09/09/2024	5 Full name of contributor Restore Trust Texas6 Contributor address; City; S	x out-of-state PAC (ID#: C	C00885038)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Mountain Brook, AL 3522		O Familia and (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2024 Sampson Public Affairs, LLC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions	5)	Employer (See Instructions	 ;)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/25/2024 Szeligowski, Victor Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions	6)	Employer (See Instructions	 ;)		
	Project Mana	ager		Lockheed Martin			
	Date 08/16/2024	Full name of contributor TREPAC Contributor address; City; S Austin, TX 78768)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2024 Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/36	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	n Filers)
4	Date 09/23/2024	 Full name of contributor	_	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Texas Alliance for Life PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	Austin, TX 78765 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Texas Association for Home Care and Hospice Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date O9/23/2024 Full name of contributor out-of-state PAC (ID#: Texas College of Emergency Physicians Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Texas Dairymen PAC Contributor address; City; State; Zip Code Austin, TX 78711			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	- 5)		
			1			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS			SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this f	orm.	1		ges Schedule A1: 3 Rpt: 9/36	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3		(Ethics Commission	on Filers)
4	Date 09/23/2024	D9/23/2024 Texas Dairymen PAC 6 Contributor address; City; State; Zip Code					of Contribution (\$)	\$500.00
8	Austin, TX 78711 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
	Date 09/26/2024	Full name of contributor Texas Oil and Gas Assoc Contributor address; City; S Austin, TX 78701		ent Committee		Amount o	of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 6)			
	Date 09/26/2024	Full name of contributor The Chickasaw Nation Contributor address; City; S	x out-of-state PAC (ID#: \frac{1}{2} \) tate; Zip Code	C90007923)		Amount o	of Contribution (\$)	\$2,500.00
	Principal occu	Ada, OK 74820 spation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 10/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/23/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription Expense
		Subscription Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	09/23/2024	Adobe
H	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
	Φ21.04	545 Park Avenue
		San Jose, CA 95110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
F	Date	Payee name
	07/18/2024	Amazon Marketplace
H	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	410 Terry Avenue N
		Seattle, WA 98109
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Coffee for Capitol Office
L	Operation Chilly 2. "	Open Middle (Office In Indian Account)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/27 Rpt: 11/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/23/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$217.48	4333 Amon Carter Boulevard
		Fort Worth, TX 76155
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		C/OH: Travel Expense, DFW to LBB: Texas Tech
		University Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/22/2024	Austin Centre Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.40	701 Brazos St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking Fee
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/20/2024	Austin Proper Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.12	600 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense C/OH Expense: Lodging for Austin Trip
		C/OTT Expense: Loughing for Austin Trip
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment				Gift/Awards/Memorial Legal Services	s Expense	Printing Ex Salaries/M		e /Contract Labor		Travel Out of OTHER (ent		t egory not listed above)	
L	Cicuit Cara Fayincill			The Instruction G	uide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(E	Ethics Commission Filers)	
	Sch: 3/27 Rpt: 12/36		Capriglione,	Giovanni S. (1	he Honorab	ole)				0006597	3		
4	Date	5	Payee name										
	07/02/2024		BatchGeo L	LC									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de						
	\$99.00		113 Cherry	St									
			#15478										
			Seattle, WA	98104									
8	PURPOSE	(a)		e Categories listed at	the ten of this cal	adula)	(b)	Description					-
	OF	``	Software Su		the top of this scri	ledule)	()	Check if travel	outsi	de of Texas. C	Complet	te Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder li	ving ex	pense	
								Canvassing					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office	held		٦
	expenditure to benefit C/O	7											
	Date		Payee name										
	07/31/2024		Baylor Scott	& White Foun	dation								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de						
	\$250.00		301 Washin	gton Avenue									
			Dallas, TX 7	5261									
	PURPOSE OF	(a)		e Categories listed at		nedule)	(b)	Description					
	EXPENDITURE			s/Donations M		.:		Check if travel of Check if Austin					
			Candidate/C	Officeholder/Po	litical Comm	iittee		In Memoriam					
								iii wenonan	01	THE HOLE	, abit	o omir itto	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	(Office sou	aht			Office	held		\dashv
	expenditure to benefit C/O			Jonioladi Hailid	·	J00 00u	9			000			
	Date		Payee name										╡
	09/18/2024		BookPeople										
	Amount (\$)	\vdash	Payee addres		State	; Zip Co	de						-
	\$146.14		603 N. Lam	-	Claro	,, 50							
	Ψ170.14		JOS IV. EUIII	D.V.									
			Austin, TX 7	8703									
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this ech	nedule)	(b)	Description					٦
	OF EXPENDITURE	ĺ <i>′</i>		nead/Rental Ex			•	Check if travel	outsi	de of Texas. C	Complet	te Schedule T.	
	EXPENDITURE				•			Check if Austin	, TX,	officeholder li	ving ex	pense	
								Office décor					
													_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	(Office sou	ght			Office	held		
	capenditule to belieff C/Of	•											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/	Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAMI				1	3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 4/27 Rpt: 13/36		, Giovanni S. (The F	lonorable)				00065973		
4	Date	5 Payee name								
	09/15/2024		otel Austin Downtow	n						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode					
	\$448.36	68 East Av	enue							
		Austin, TX	78701							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Con officeholder livin	nplete Schedule T.	
						C/OH Expens				
						·				
9	Complete ONLY if direct		iceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	09/19/2024	Capital A								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$38.15	700 San Ja	cinto Blvd							
		Austin, TX	78701							
	PURPOSE OF		ee Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expens	se		=		officeholder livin	nplete Schedule T. g expense	
						Staff Lunch				
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office h	eld	
	experialiture to benefit C/Oi	1								
	Date	Payee name								
	07/23/2024	Capitol Gift								
	Amount (\$)	Payee addre		State; Zip C	ode					
	\$350.73	1400 N. CC	ngress Avenue							
		Acceting TV	70701							
	DUDDOCE	Austin, TX			(1-)	5 ' ' '				
	PURPOSE OF		ee Categories listed at the top s/Memorials Expense		(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	Ont/ wards	memoriais Experise	•		—		officeholder livin	g expense	
						Gifts for Meet	ting	IS		
	Complete ONII V if allows	Condidat-10"	iooboldor v - v -	O#:	10,4.4			Off:	old.	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ugnt			Office h	eid	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/27 Rpt: 14/36	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 08/29/2024	5 Payee name City of Southlake
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1400 Main St
8	PURPOSE OF EXPENDITURE	Southlake, TX 76092 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense C/OH Event: Rental of Room at the Marq
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/11/2024	Payee name Colleyville Chamber of Commerce
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 5601 Colleyville Blvd Colleyville, TX 76034
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/24/2024	Payee name Colton House
	Amount (\$) \$351.82	Payee address; City; State; Zip Code 2510 South Congress Avenue
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense C/OH Travel: Austin / San Antonio Trip
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee									ver Out of District HER (enter a category not listed above)		
Credit Card Payment			The Instruction Guide ex	cplains how to co	mple	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	Č	
	Sch: 6/27 Rpt: 15/36	Capriglione	, Giovanni S. (The Ho	onorable)				00065973			
4	Date	5 Payee name									
	08/17/2024	Costco Wh	olesale								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de						
	\$216.15	2601 E Sta	te Hwy 114								
		Southlake,	TX 76092								
8	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this echodula)	(b)	Description					
	OF		head/Rental Expense		` ´		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					_		officeholder living	g expense		
						Office Snacks	S				
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ght			Office he	eld		
	Date	Payee name									
	09/19/2024	Del Frisco's	Grille								
	Amount (\$)	Payee addre	* **	State; Zip Co	de						
	\$135.52	1200 E Sοι	ithlake Blvd								
		Southlake,	TX 76092								
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Bever	age Expense					de of Texas. Com officeholder living	plete Schedule T.		
						Constituent L			у ехрепзе		
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ght			Office he	eld		
	expenditure to benefit C/O	1									
	Date	Payee name								_	
	07/22/2024	Doubletree	Hotel								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de						
	\$136.85	303 W 15th	, ,,	, ,							
		Austin, TX	78701								
	PURPOSE		ee Categories listed at the top o	of this cohodula)	(b)	Description					
	OF	Travel Out		ir triis scriedule)	(~)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					_		officeholder living			
						C/OH Travel	Ex	oense: Lodg	ing for Austin Trip		
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ght			Office he	eld		
		•									

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

Fees Office Overhea Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Mages

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	
1	Total pages Schedule F1: Sch: 7/27 Rpt: 16/36	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date	5 Payee name
	07/23/2024	Doubletree Suites
6	Amount (\$) \$146.07	7 Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense C/OH Expense: Lodging
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2024	Doubletree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.57	303 W 15th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		C/OH Expense: Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2024	Doubletree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.06	303 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		C/OH Expense: Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political C	•	Salaries/Wages/Contract Labor ains how to complete this form.	OTHER (enter a category not listed above)			
1 Total pages Schedule F1: 2	P FILER NAME		3 Filer ID (Ethics Commission Filers)			
Sch: 8/27 Rpt: 17/36	Capriglione, Giovanni S. (The Hon	orable)	00065973			
4 Date 5	Payee name		·			
08/09/2024	Einstein Bros Bagels - Keller					
6 Amount (\$) \$26.42	Payee address; City; S 751 Keller Pkwy Keller, TX 76248	state; Zip Code				
8 PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of the Food/Beverage Expense)	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Event			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date	Payee name					
09/25/2024	Fairmont Austin					
Amount (\$) \$336.99	Payee address; City; S 101 Red River Street Austin, TX 78701	state; Zip Code				
PURPOSE (OF EXPENDITURE	a) Category (See Categories listed at the top of the Travel Out of District	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense nse: Lodging - Austin			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date 09/25/2024	Payee name First Methodist Grapevine Church					
Amount (\$) \$512.50	Payee address; City; S 422 Church St	itate; Zip Code				
	Grapevine, TX 76051					
PURPOSE (OF EXPENDITURE	a) Category (See Categories listed at the top of the Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Pay Sponsorship			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/27 Rpt: 18/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/28/2024	Fort Worth Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	306 W 7th St
		Fort Worth, TX 76092
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/27/2024	Fort Worth Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	306 W 7th St
		Fort Worth, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking Fee
		raikiiy ree
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/27/2024	Fort Worth Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.00	PO Box 101613
		Fort Worth, TX 76185-1613
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/27 Rpt: 19/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/18/2024	Fort Worth Usual
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$260.59	312 W Northwest Highway
		Grapevine, TX 76051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense North Texas Giving Day donation
		Notal Toxas Siving Bay domailor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/03/2024	GRAPEVINE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 Vine Street
	,	
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Event
	Operation ONLY if disease	Out that Off a half are a section of the section of
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	GRAPEVINE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	200 Vine Street
		Croppying TV 70051
		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chamber Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/27 Rpt: 20/36	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 09/25/2024	5 Payee name GRAPEVINE CHAMBER OF COMMERCE
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 200 Vine Street
8	PURPOSE OF EXPENDITURE	Grapevine, TX 76051 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Charge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/16/2024	Payee name Grapevine Heritage Foundation
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 200 S Main Street Grapevine, TX 76051
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/13/2024	Payee name Greater Keller Chamber of Commerce
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 420 Johnson Rd Ste 301 Keller, TX 76248
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor Keller Golf Classic
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	nmittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense		Wages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 12/27 Rpt: 21/36				(The Honoral	ble)				00065973		
4	Date	5	Payee name									
	07/03/2024		Greater Kel	ler Chamber	of Commerce	!						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$50.00		420 Johnso	n Rd								
			Ste 301									
			Keller, TX 7	6248								
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe					브			nplete Schedule T.	
								Chamber Eve		officeholder livin	g expense	
								Chamber Lve	5111			
9	Complete ONLY if direct	<u> </u>		ceholder name	2 (Office sou	ıaht			Office h	eld	
_	expenditure to benefit C/OI		sarialaate/Offi	ceriolaer flame			agrit.			Office II	Ciu	
	Date		Payee name									
	07/03/2024		Greater Kel	ler Chamber	of Commerce	!						
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$10.00		420 Johnso	n Rd								
			Ste 301									
			Keller, TX 7	6248								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe					=			nplete Schedule T.	
								Chamber Eve		officeholder livin	g expense	
								Chamber Lve	5111			
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	<u> </u>	Office sou	l Jaht			Office h	eld	
	expenditure to benefit C/O											
	Date		Payee name									
L	07/03/2024	L	Greater Kel	ler Chamber	of Commerce	!						
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$100.00		420 Johnso	n Rd								
			Ste 301									
			Keller, TX 7	6248								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					ш			nplete Schedule T.	
								Membership		officeholder livin	g expense	
								wiching is an in	J110	u.gc		
	Complete ONLY if direct	L		ceholder name	<u>, , , , , , , , , , , , , , , , , , , </u>	Office sou	laht			Office h	eld	
	expenditure to benefit C/O		Janaradio, Offi	sonoidoi nam	•	-11100 000	~9·11			J.1100 11		
l												

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/27 Rpt: 22/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/19/2024	H-E-B Texas Grocery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.69	5808 Burnet Rd
		Austin, TX 78756
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Supplies for PIFS Committee Hearing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/29/2024	HEB Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2109 Martin Dr
	φ330.00	2109 Martin Di
		Bedford, TX 76021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Membership
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	07/29/2024	HEB Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2109 Martin Dr
	4000.00	
		Bedford, TX 76021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/27 Rpt: 23/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/01/2024	Hilton Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$445.96	500 East 4th Street
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		C/OH Expense: Lodging for Austin Trip
		Significant and a second secon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/15/2024	Hilton Austin
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$785.02	500 East 4th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense C/OH Expense: Lodging for Austin Trip
		Grott Expense. Loughing for Austin Trip
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/20/2024	Hilton Austin
H	Amount (\$)	Payee address; City; State; Zip Code
	\$358.02	500 East 4th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		C/OH Expense: Lodging for Austin Trip
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/		Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	Ε				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/27 Rpt: 24/36	Capriglione	e, Giovanni S. (The Ho	norable)				00065973		
4	Date	5 Payee name								
	08/20/2024	Hilton Aust	in							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$548.04	500 East 4	th Street							
		Austin, TX	78701							
8	PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	OF	Travel Out		tilis scricudic)	`´		outsic	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE					\Box		officeholder living		
						C/OH Expens	se: I	Lodging for .	Austin Trip	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld	
	Date	Payee name								
	08/22/2024	1	Lakes Executive Cor	ference Cen	ter					
\vdash	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$57.02	1800 Highv	•	, , ,	-					
		. 3	•							
		Grapevine,	TX 76051							
	PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			—		de of Texas. Comp		
						It Caucus - be		officeholder living		
						Caucus De	J # C	. 4900,011401		
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O			211100 30	g · · · ·			2,1100 110	· -	
-	Dato	Doves as a								
	Date 09/18/2024	Payee name HomeGood								
_				State: 7:- 0	مطء					
	Amount (\$)	Payee addre	, ,,,	State; Zip C	ode					
	\$189.38	10225 Res	earch Bivu							
		Austin, TX	78759							
	PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense			Check if travel of		de of Texas. Comp		
	LAFENDITURE		•			_	, TX,	officeholder living	expense	
						Office décor				
	Commission ONE V. C. C.	Constitute (C)	ia ala al dan	Ott:				Ott: 1	lal	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office so	ugnt			Office he	elu .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/27 Rpt: 25/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/02/2024	Huckleberry's Breakfast & Lunch
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.68	711 Keller Pkwy
		Keller, TX 76248
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense Staff Lunch
		Stan Editori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/28/2024	Install Connect Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,900.00	505 W State St
	Ψ1,300.00	303 W State St
		Garland, TX 75040
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs - 4x4 / Installed
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	07/19/2024	JW Marriott San Antonio Hill Country
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	23808 Resort Parkway
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Legal Services		Printing Ex Salaries/W		ges/Contract Labor OTHER (enter a category not listed above				
	Credit Card Payment		The Instruction Gu	iide explains ho	ow to cor	nple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 17/27 Rpt: 26/36		Capriglione,	Giovanni S. (Th	ne Honorable))				00065973		
4	Date	5	Payee name						<u> </u>			
	09/12/2024			tion Foundation	1							
6	Amount (\$)	7	Payee addres	ss; City;	State.	Zip Cod	de.					
ľ	\$840.00	ľ	PO Box 101	-	State,	2.p 000	uc					
	φο-10.00		1 O DOX 101	•								
			Valley TV 7	C244								
		⊢	Keller, TX 7			·						
8	PURPOSE OF			e Categories listed at th	ne top of this sched	lule)	(b)	Description				
	EXPENDITURE		Advertising	Expense						de of Texas. Cor officeholder livin	nplete Schedule T.	
								KISD Ed Fun				
											•	
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Off	fice soug	aht			Office h	ield	
	expenditure to benefit C/O	Н					,					
\vdash	Date		Payee name									
	07/01/2024		•	xecutive Suites								
	Amount (\$)		Payee addres		State:	Zip Coo	de					
	\$1,157.00		312 W North	•	State,	2.p 000	uc					
	Ψ1,137.00		OIZ W NOIL	iwestriwy								
			Grapevine,	TV 760E1								
	DUDDOGE	(-)	•			I	<i>(</i> 1)					
	PURPOSE OF	(a) 		e Categories listed at th		lule)	(a)	Description	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Exp	ense			=		officeholder livin		
								Campaign Of	ffice	e Rental		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	08/01/2024		Lone Star E	xecutive Suites								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$1,157.00		312 W North	nwest Hwy								
			Grapevine,	TX 76051								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this sched	lule)	(b)	Description				
	OF EXPENDITURE	` `		nead/Rental Exp		iuio)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin	ig expense	
								Campaign Of	TICE	e Rental		
_	Operation ONE VIII I	L	2			e:	l. r			6‴ :	-1-1	
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	ceholder name	Off	fice souç	gnt			Office h	ieia	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Revenue1

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/27 Rpt: 27/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/01/2024	Lone Star Executive Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,157.00	312 W Northwest Hwy
		Grapevine, TX 76051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Office Rental
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2024	Matt's El Rancho
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.92	2613 S Lamar Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Lunch
		Stail Eurich
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Daniel and a second
	Date 07/27/2024	Payee name Michaels Craft Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.16	1051 E Southlake Blvd
		Southlake, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		boxes for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 28/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/01/2024	Portico Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.18	2503 Roosevelt Ave
		Fort Worth, TX 76164
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/26/2024	RE:defined Coffee House
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.94	220 N Main St
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LIADITORE	Check if Austin, TX, officeholder living expense Constituent Meeting
		Constituent Weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/23/2024	Rally House
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.64	2924 E Southlake Blvd
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Raffle Items for GOTV Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manage October 11 51		_
1	Total pages Schedule F1:		
L	Sch: 20/27 Rpt: 29/36	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	09/12/2024	ReadyRefresh	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$97.09	16420 N Interstate Hwy 35	
	Ψ37.03	10420 Williamstate Hwy 00	
		Austin, TX 78728	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Water Service for Capitol Office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	IT.	
	Date	Payee name	_
	08/14/2024	Roaring Fork	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$149.08	701 Congress Ave	
	Ψ143.00	701 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Staff Lunch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	IT.	
	Date	Payee name	_
	08/26/2024	Roaring Fork	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	_
	\$103.61	701 Congress Ave	
	φ103.01	101 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	ZA LIDITORE	Check if Austin, TX, officeholder living expense	
		Constituent Dinner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/27 Rpt: 30/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	07/30/2024	SOUTHLAKE CHAMBER OF COMMERCE
6	Amount (\$) \$475.00	7 Payee address; City; State; Zip Code 1501 Corporate Cir #100
		#100 Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Chember Membership Foos
		Chamber Membership Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2024	SOUTHLAKE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1501 Corporate Cir #100
		#100
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Chamber Luncheon
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2024	SOUTHLAKE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	1501 Corporate Cir #100
		#100
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Chamber Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		-)
-	Sch: 22/27 Rpt: 31/36	Capriglione, Giovanni S. (The Honorable)	·)
4	Date	5 Payee name	
	07/28/2024	Sixt	
	0112012024		
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$145.79	2500 S Garage Dr.	
		Dallas, TX 75261	
-	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		C/OH Travel Expense: San Angelo Panel	
		G/OTT Travel Expense. Garryingelo Faller	
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onponditure to benefit 0/01	··	
	Date	Payee name	
	07/03/2024	Staples Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.03	200 N Kimball Ave	
	Ψ-10.00		
		#200	
		Southlake, TX 76092	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		Printer Paper	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	07/29/2024	Staples Inc	
\vdash		·	
	Amount (\$)		
	\$109.13	200 N Kimball Ave	
		#200	
		Southlake, TX 76092	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 23/27 Rpt: 32/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/17/2024	Staples Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$415.45	200 N Kimball Ave
		#200
		Southlake, TX 76092
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Office Printer Toner
		Campaign Onice Finiter Folier
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2024	Staples Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.37	200 N Kimball Ave
	Ψ103.37	
		#200
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Office Supplies, easel, paper
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Dayge name
	07/18/2024	Payee name
	07/10/2024	Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.84	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 24/27 Rpt: 33/36	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	09/17/2024	Sweetgreen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$95.05	200 West 2nd Street	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Staff Lunch	
		Stail Earlon	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	08/09/2024	Taqueria Burritos Loco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.00	416 W Northwest Hwy	
		Grapevine, TX 76051	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff Lunch	
		Stail Earlon	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	D :		_
	Date	Payee name	
	09/18/2024	Terry Black's BBQ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$420.92	1003 Barton Springs Rd.	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		BBQ for Australia Chamber Delegation Reception	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 34/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	08/13/2024	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.63	1409 Lavaca St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Lunch
		Stail Earloi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/27/2024	The Bouqs Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.23	4094 Glencoe Ave
		Marina Del Rey, CA 90292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flower arrangement for Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/24/2024	The Feedstore BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.39	530 S White Chapel Blvd
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Dinner
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
_	Total marca Cabadula F1.	A FILED MANA			····p···		_	Files ID	(Ethias Cammias	ion Filoro)
1	Total pages Schedule F1: Sch: 26/27 Rpt: 35/36	1	= , Giovanni S. (The Hone	orable)			3	Filer ID 00065973	(Ethics Commiss	ion Filers)
_	<u> </u>	· -	<u> </u>							
4	Date	5 Payee name								
	07/24/2024	Verizon Wi								
6	Amount (\$)	7 Payee addre	ss; City; S	state; Zip Co	ode					
	\$154.36	2221 E Soi	ıthlake Blvd							
		Ste 340								
		Southlake,	TX 76093							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF		head/Rental Expense	io concuancy		_ :	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		·			_		, officeholder living	expense	
						Campaign Ph	non	ies		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	08/24/2024	Verizon Wi								
	Amount (\$)	Payee addre	ss; City; S	state; Zip Co	nde					
	\$154.36	′	ıthlake Blvd		00.0					
	Ψ104.00	Ste 340	attiance biva							
			TV 70000							
		Southlake,	1X 76093							
	PURPOSE OF		ee Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense					ide of Texas. Com _l , officeholder living		
						Campaign Ph			схрензе	
						oupa.g				
	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	09/24/2024	Verizon Wi	reless							
	Amount (\$)	Payee addre	ss; City; S	state; Zip Co	ode					
	\$154.36	2221 E Sou	ıthlake Blvd							
		Ste 340								
		Southlake,	TX 76093							
	PURPOSE				(h)	Description				
	OF		ee Categories listed at the top of th head/Rental Expense	is schedule)	(0)	Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Over	neau/Rental Expense					, officeholder living		
						Campaign Ph	non	ies		
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OH									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 27/27 Rpt: 36/36	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/09/2024	Winred
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.97	1776 Wilson Blvd
l		
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Swipe Fee
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	09/25/2024	Winred
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$2.96	1776 Wilson Blvd
	Φ2.90	1770 WIISON BIVU
l		
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Swipe Fee
l	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
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