

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087854	2 Total pages filed: 49	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Denise	MI	
	NICKNAME	LAST Villalobos	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 10330 Kingsbury Dr Corpus Christi, TX 78410		ZIP CODE	
	Date Hand-delivered or Date Postmarked			
	Receipt #		Amount	
	Date Processed			
Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kandice	MI	
	NICKNAME	LAST Campos	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3122 Creek Side Dr Corpus Christi, TX 78410			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(361) 537-3626				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH		Month Day Year 09/26/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE	
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) School Board Trustee Place 6 District TMISD Nueces		12 OFFICE SOUGHT (if known) State Representative District 34	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Villalobos, Denise (Mrs.)	14 Filer ID	(Ethics Commission Filers)
		00087854	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	317,367.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	36,240.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	148,657.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Mrs. Denise Villalobos

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Villalobos, Denise (Mrs.)		19 Filer ID (Ethics Commission Filers) 00087854	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	174,240.66
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	143,126.53
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	36,240.56
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.20

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/18 Rpt: 4/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Alicia <hr/> 6 Contributor address; City; State; Zip Code Layton, UT 84040	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardueser, Chris <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) AGDA consulting
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldassare, Christine <hr/> Contributor address; City; State; Zip Code Wanaque, NJ 07465	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldassare, Thomas <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beecroft, Sam <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Beecroft Construction

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/18 Rpt: 5/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergsma, Michael <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Rebecca <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buquet, D'anne <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buquet, Lexi <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Chuck <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/18 Rpt: 6/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CC Fileptro LTD <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78408	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlisle, Chase <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Carlisle Insurance
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coalition Por For Texas PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conservative Hispanas In Action PAC <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Amy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Tribute Hospice and Palliative Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/18 Rpt: 7/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corliss, Scott 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) A/C & R Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corliss, Scott Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) A/C & R Services
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Judy Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, David Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David L Cook Campaign Account Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/18 Rpt: 8/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Rodney 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Flint Hills Resources
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Christopher Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eshleman, Benjamin Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition PAC Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$35,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Mike Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/18 Rpt: 9/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Mary Jane <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza-Brown, Maria <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Ty <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Gentry Company
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Jesse <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Jesus <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/18 Rpt: 10/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gozalez, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Designer/Developer		9 Employer (See Instructions) JonDesigns.com LLC
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Kimberley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Mgr/Accountant		Employer (See Instructions) Phipps Management, LLC
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamon, Eric <hr/> Contributor address; City; State; Zip Code Taft, TX 78390	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Driscoll Children's Hospital
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanzalik, John <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TFW Construction

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/18 Rpt: 11/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartigan, Timothy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hazen, Amber <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) ABC
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollis, Nathan <hr/> Contributor address; City; State; Zip Code Bel Aire, KS 67220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Associate, Business Development		Employer (See Instructions) Flint Hills Resources
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Energy Partners PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Keely <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jerry Hunsaker, MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/18 Rpt: 12/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Mitra <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch PAC <hr/> Contributor address; City; State; Zip Code Wichita, KS 67220	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korus, Daniel <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78409	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Del Mar College
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Bart <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Flint Hills Resources
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lencioni, Ray <hr/> Contributor address; City; State; Zip Code Apple Valley, MN 55124	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Projects Director		Employer (See Instructions) FHR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78760	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippincott, Mike <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Fulton
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubbock Area Republican Women PAC <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubbock Area Republican Women PAC <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493	Amount of Contribution (\$) \$14,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacQueen, Robert <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Downtown Carwash		Employer (See Instructions) owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/18 Rpt: 14/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Trenten 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najvar, Bernard Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najvar, Bernard Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Republican Women PAC Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oswald, William Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/18 Rpt: 15/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Robert <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78469	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) REP Holdings
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelka, Benji <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) J&B Pavelka, Inc
Date 08/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 1783146) Philips 66 PAC <hr/> Contributor address; City; State; Zip Code Washington DC, DC 20004	Amount of Contribution (\$) \$1,500.66
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plains All American PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polk, Kenneth <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/18 Rpt: 16/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Kara <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Public Affairs Manager		9 Employer (See Instructions) Flint Hills Resources
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rove, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowling, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) TRT Holdings
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Andy <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Rita <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) NCMHID

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/18 Rpt: 17/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasser, Stuart <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwirtlich, Lonnie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physicians PremiER
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skrobarczyk, Chad <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skrobarczyk, Michael <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skrobarczyk, Philip <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Fulton Construction

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/18 Rpt: 18/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Jesse <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78467	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Rabalais I&E Constructors
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Jesse <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78467	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Rabalais I&E Constructors
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tex-Pipe PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/18 Rpt: 19/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas & Southwestern Cattle Raisers Association <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76185	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Chemistry Council <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Energy PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oil & Gas Association Good Government Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Oliverson Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/18 Rpt: 20/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout Trucking LLC 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78426	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero PAC Contributor address; City; State; Zip Code San Antonio, TX 78269	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasut, Cody Contributor address; City; State; Zip Code Angleton, TX 77516	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasut, Cody Contributor address; City; State; Zip Code Angleton, TX 77516	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasut, Cody Contributor address; City; State; Zip Code Angleton, TX 77516	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/18 Rpt: 21/49
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78402	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Government Affairs and Communications		9 Employer (See Instructions) Texas State Aquarium
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Catrina <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kimberly Bridges <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) basaldu, zoraida <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Solenis

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/4 Rpt: 22/49	
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund 7 Contributor address; City; State; Zip Code Austin, TX 78701	8 Amount of contribution (\$) \$15,405.00	9 In-kind contribution description Campaign Television Ad
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$15,000.00	In-kind contribution description Campaign Television Ad
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$15,625.00	In-kind contribution description Campaign Television Ad
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 2/4 Rpt: 23/49	
2 FILER NAME Villalobos, Denise (Mrs.)				3 Filer ID (Ethics Commission Filers) 00087854	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 09/24/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund		8 Amount of contribution (\$) \$4,435.17		9 In-kind contribution description Digital Advertising
7 Contributor address; City; State; Zip Code Austin, TX 78701			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON-JUDICIAL) (See instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dade Phelan Campaign		Amount of contribution (\$) \$14,250.00		In-kind contribution description Polling
Contributor address; City; State; Zip Code Austin, TX 78763			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durrill, Bill		Amount of contribution (\$) \$5,000.00		In-kind contribution description Fundraising Event Host
Contributor address; City; State; Zip Code Corpus Christi, TX 78404			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner			Employer (FOR NON-JUDICIAL) (See instructions) Self		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 3/4 Rpt: 24/49	
2 FILER NAME Villalobos, Denise (Mrs.)				3 Filer ID (Ethics Commission Filers) 00087854	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 09/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign <hr/> 7 Contributor address; City; State; Zip Code Austin, TX 78767		8 Amount of contribution (\$) \$11,900.00	9 In-kind contribution description Polling	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON-JUDICIAL) (See instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign <hr/> Contributor address; City; State; Zip Code Austin, TX 78767		Amount of contribution (\$) \$460.19	In-kind contribution description Travel	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign <hr/> Contributor address; City; State; Zip Code Austin, TX 78767		Amount of contribution (\$) \$35,777.00	In-kind contribution description Digital Advertising	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/4 Rpt: 25/49	
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign 7 Contributor address; City; State; Zip Code Austin, TX 78767	8 Amount of contribution (\$) \$4,772.73	9 In-kind contribution description Data
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Mike Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of contribution (\$) \$6,251.44	In-kind contribution description Campaign Signs
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Vice President		Employer (FOR NON-JUDICIAL) (See instructions) H&S Constructors	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$14,250.00	In-kind contribution description Polling
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/23 Rpt: 26/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/29/2024	5 Payee name Agape Ranch	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 724 Buffalo St. Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Agape Ranch Gala
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Alicia Anderson)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Anedot	
Amount (\$) \$7.50	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Jesse Suarez)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/23 Rpt: 27/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/01/2024	5 Payee name Anedot	
6 Amount (\$) \$100.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Robert Parker)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Sam Beecroft)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Thomas Baldassare)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/23 Rpt: 28/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/09/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (John Hanzalik)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Cody Vasut)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Mary Jane Garza)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/23 Rpt: 29/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/09/2024	5 Payee name Anedot	
6 Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Jesse Gilbert)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2024	Payee name Anedot	
Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Scott Corliss)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2024	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Scott Corliss)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/23 Rpt: 30/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/13/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Chase Carlisle)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Amber Hazen)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Jonathan Gozalez)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/23 Rpt: 31/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/18/2024	5 Payee name Anedot	
6 Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Daniel Korus)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Lonnie Schwirtlich)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Chris Ardueser)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/23 Rpt: 32/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (zoraida basaldu)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Jennifer Vela)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Anedot	
Amount (\$) \$16.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Keely Hunsaker)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/23 Rpt: 33/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/21/2024	5 Payee name Anedot	
6 Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Nancy Graves)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Kara Rivas)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Mitra Khan)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/23 Rpt: 34/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/22/2024	5 Payee name Anedot	
6 Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Ray Lencioni)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Anedot	
Amount (\$) \$80.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Benji Pavelka)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Nathan Hollis)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/23 Rpt: 35/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/30/2024	5 Payee name Anedot	
6 Amount (\$) \$7.50	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Jesse Suarez)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Kimberley Guerra)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Christine Baldassare)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/23 Rpt: 36/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/03/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Ty Gentry)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Robert MacQueen)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Rodney Dillon)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/23 Rpt: 37/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/07/2024	5 Payee name Anedot	
6 Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Cody Vasut)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Anedot	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Rita Sanchez)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Bart Lee)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/23 Rpt: 38/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/26/2024	5 Payee name Anedot	
6 Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fee (Cody Vasut)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Boone, Brian	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3610 County Rd 57 Robstown, TX 78380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brian Boone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2024	Payee name Cantu, Larry	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 110 W Ave J Robstown, TX 78380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wrestling Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/23 Rpt: 39/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/16/2024	5 Payee name City of Robstown	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 101 E Main Ave Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Robstown Permit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Cooper Outdoor Advertising Inc	
Amount (\$) \$9,688.20	Payee address; City; State; Zip Code 115 Waco St. Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Corpus Christi Police Office Association	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3122 Leopard St. Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fishing Tournament Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/23 Rpt: 40/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/03/2024	5 Payee name Harland Clarke Check	
6 Amount (\$) \$42.16	7 Payee address; City; State; Zip Code 15955 La Cantera pkwy San Antonio, TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Book
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Payee name KC Strategies	
Amount (\$) \$5,750.00	Office sought Payee address; City; State; Zip Code 3571 Far West Blvd Ste 196 Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Payee name Kloberdanz, Max	
Amount (\$) \$2,032.45	Office sought Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager 6/15 - 6/30 + Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/23 Rpt: 41/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 07/15/2024	5 Payee name Kloberdanz, Max	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager 7/1 - 7/15
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Kloberdanz, Max	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager 7/15 - 7/31
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name Kloberdanz, Max	
Amount (\$) \$139.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & Greet Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/23 Rpt: 42/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 08/07/2024	5 Payee name Kloberdanz, Max	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ABC Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Kloberdanz, Max	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager 8/1 - 8/15
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Kloberdanz, Max	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager 8/15 - 8/31
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/23 Rpt: 43/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/03/2024	5 Payee name Kloberdanz, Max	
6 Amount (\$) \$660.00	7 Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-Shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Kloberdanz, Max	
Amount (\$) \$401.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Robstown Meet & Greet Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2024	Payee name Kloberdanz, Max	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager 9/1 - 9/15
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/23 Rpt: 44/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/20/2024	5 Payee name Kloberdanz, Max	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense New Life Refuge Golf Tourney
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Kloberdanz, Max	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 10654 Heizer Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mission 911 Gala
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Majic 104.9FM	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2209 NPID Frontage Rd. Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back to School Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/23 Rpt: 45/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/03/2024	5 Payee name Nueces County 4H	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 710 E Main Ave 1 Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Boot Scoot & Roll'Em Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name Perez, Joe	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 802 Barry St. #4505 Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trump Store
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Portland Chamber of Commerce	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1211 US-181 Portland, TX 78374	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Portland Chamber of Commerce
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/23 Rpt: 46/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/03/2024	5 Payee name Robstown ISD	
6 Amount (\$) \$255.58	7 Payee address; City; State; Zip Code 801 N 1st St. Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Robstown Education Foundation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name S&J Bakery	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 9618 Leopard St. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Warrior Breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2024	Payee name Signs.com	
Amount (\$) \$1,607.17	Payee address; City; State; Zip Code 1550 Gladiola St. Salt Lake City, TX 84104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/23 Rpt: 47/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/24/2024	5 Payee name Tuloso-Midway ISD	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2653 McKinzie Rd Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Homecoming Parade
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Wells Fargo	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 13630 Northwest Blvd Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Transfer Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Wells Fargo	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 13630 Northwest Blvd Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Transfer Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/23 Rpt: 48/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4 Date 09/10/2024	5 Payee name Wells Fargo	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 13630 Northwest Blvd Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Transfer Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Wells Fargo	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 13630 Northwest Blvd Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Transfer Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 49/49

2 FILER NAME

Villalobos, Denise (Mrs.)

3 Filer ID (Ethics Commission Filers)
00087854

4 Date

07/31/2024

5 Name of person from whom amount is received

Rally Credit Union

8 Amount (\$)

\$0.06

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

Corpus Christi, TX 78410

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

08/31/2024

Name of person from whom amount is received

Rally Credit Union

Amount (\$)

\$0.14

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

Corpus Christi, TX 78410

Purpose for which amount is received

☐ Check if political contribution returned to filer