CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commission 00088181	on Filers)	2 Total pages file 25	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
NAME	Mr.	Andrew J.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
	AJ	Louderback		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	PO BOX 1792				Receipt #	Amount
ADDRESS					receipt "	Timount
Change of Address	Victoria, TX 77902				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER NAME	Mrs.	Marci R.				
	NICKNAME	LAST		SUFFIX		
		Louderback				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	APT /	SUITE#; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	PO BOX 1792					
(Residence or Business)						
(Residence of Business)	Victoria, TX 77902					
	4D54 00D5 DU		-V-TEN 0101			
7 CAMPAIGN TREASURER		ONE NUMBER E	EXTENSION			
PHONE	(361) 550-0422					
8 REPORT						
TYPE	January 15	X 30th day before	election Ru	unoff	15th day after cam	paign treasurer
		_			appointment (office	
	July 15	8th day before		ceeded modified porting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Yea		IDOLICH	Month Day	Year	
	07/01/2024	In	IROUGH	09/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Yea	r 🗖 🗈	rimary	Runoff	Other	
	11/05/2024		-		Шете.	
		XIG	eneral	Special		
			i			
11 OFFICE	OFFICE HELD (if any)		1	2 OFFICE SOUGHT		
				State Representa	ative District 30	
		GO T	O PAGE 2			
1						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	14 Filer ID (E 00088181	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditual expenditures may have been made without difficeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TREPAC- Texas Realtors Political Action Co	mmittee	
		COMMITTEE ADDRESS		
	SPECIFIC	PO BOX 2246		
		Austin , TX 78768-2246		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		PO BOX 2246		
		A TV 70700		
	1. TOTAL UNITEM	Austin, TX 78768		
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 26,080.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 28,101.48
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 108,666.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 100,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr. An	drew J. Louderback	
		Signature of	Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 25		
18 FILER NAM		19 Filer ID	(Ethics	s Commission Filers)		
	ck, Andrew J. (Mr.)	00088181				
	E SUBTOTALS SCHEDULE		s	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	26,080.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$			
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	5,158.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/25		
2	FILER NAME Louderback,	Andrew J. (Mr.)		3	Filer ID (Ethics Commission 00088181	n Filers)	
4	Date 07/01/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00	
_	Delicalis al access	Corpus Christi, TX 78401	2 Familia de Cara la describa de Cara				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:) Casselberry , Donald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)	Employer (See Instructions				
	r illicipai occu	pation / 300 title (See instructions)	Employer (See instructions,	,			
	Date 09/15/2024				Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 07/18/2024 Cornerstone Government Affairs Texas PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
	Principal occu	Washington, DC 20024 pation / Job title (See Instructions)	Employer (See Instructions))			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/25	
2	FILER NAME Louderback,	Andrew J. (Mr.)				3	Filer ID (Ethics Commission 00088181	n Filers)
4	Date 08/14/2024	5 Full name of contributor Costello, Steven6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
8		Lake Jackson, TX 77566 pation / Job title (See Instruction:	5)	9	Employer (See Instructions	<u> </u> s)		
	Date 09/19/2024	Full name of contributor Delisi Communications P Contributor address; City; S Austin, TX 78701			Siberman Law Firm		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Date 09/14/2024	Full name of contributor Fowler, Daryl & Lisa Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	Yoakum, TX 77995 pation / Job title (See Instruction:	5)		Employer (See Instructions	<u>;)</u>		
	County Judg	,	-1		Dewitt County	-,		
	Date 07/08/2024	Full name of contributor Giesinger, Ross Contributor address; City; S Austin, TX 78757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instruction:	5)		Employer (See Instructions retired	5)		
	Date 09/01/2024	Full name of contributor Great States Republicans Contributor address; City; S Hallettsville, TX 77964)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	UTIONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/25	
2	FILER NAME Louderback,	Andrew J. (Mr.)		3	Filer ID (Ethics Commission 00088181	ı Filers)
4	Date 09/19/2024	rback, Andrew J. (Mr.) 5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$250.00	
8	Principal occu		9 Employer (See Inst	ructions)		
0	Fillicipal occu	pation / Job title (See Instructions)	3 Employer (See misi	ructions)		
	Date 09/24/2024	Hillco PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu		Employer (See Inst	ructions)		
	Date 09/24/2024	4/2024 Holzheauser, Craig			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	Date 09/05/2024	Full name of contributor out-of-state P Jones, Don Contributor address; City; State; Zip Code Hallettsville, TX 77964	AC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	Date 09/24/2024	Full name of contributor out-of-state P LAW - PAC Contributor address; City; State; Zip Code Austin, TX 78701	AC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)		

	MONET	ARY POLITICAL CONT	RIBUTIONS			SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form.		1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/25	
2	FILER NAME Louderback,	Andrew J. (Mr.)			3	Filer ID (Ethics Commission 00088181	on Filers)
4	Date 08/27/2024	Instruction Guide explains how to complete this form. NAME	7	Amount of Contribution (\$)	\$500.00		
8	Principal occu		lg F	mnlover (See Instructions			
	-			Tiployer (See Instructions,	_		
	Date 09/13/2024	Oncor Texas State PAC)		Amount of Contribution (\$)	\$1,000.00
	Principal occu		-	mployer (See Instructions			
	Employer (See instructions)						
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:) Reiss, Jane Contributor address; City; State; Zip Code Moulton, TX 77975			Amount of Contribution (\$)	\$250.00	
	Principal occu			mplayor (Saa Instructions			
	retired	pation 7 Job title (See Instructions)		, , ,)		
	Date 09/17/2024	Ron Lewis & Associates Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions))		
	Date 09/19/2024	Full name of contributor out-of- Rural Friends of Electric Cooperati Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions))		
			'				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/25	
2	FILER NAME Louderback,	Andrew J. (Mr.)			3	Filer ID (Ethics Commission 00088181	on Filers)
4	Date 08/08/2024	5 Full name of contributor out-of-samford, Micahel 6 Contributor address; City; State; Zip Co			7	Amount of Contribution (\$)	\$100.00
_		Victoria, TX 77904					
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 07/11/2024	Full name of contributor out-of- Schuchardt, Chris Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	San Antonio, TX 78260 Principal occupation / Job title (See Instructions) Employer (See Instruction)				
	Owner Calidad LLC		,				
	Date 09/14/2024				Amount of Contribution (\$)	\$1,000.00	
		Cuero, TX 77954					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 08/29/2024	Texans For Lawsuit Reform PAC	state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor out-of-out-o				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			.				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/25	
2	FILER NAME Louderback,	Andrew J. (Mr.)		3	Filer ID (Ethics Commission 00088181	on Filers)
4	Date 08/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
			5 Employer (See Institutions	,		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin , TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Clifton Jr & Cathy Contributor address; City; State; Zip Code Victoria, TX 77902)		Amount of Contribution (\$)	\$3,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions CL Thomas LLC)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	ILE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/25	
2	FILER NAME Louderback,	Andrew J. (Mr.)		3	Filer ID (Ethics Commiss 00088181	ion Filers)
4	Date 07/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Westerman, Mark & Laura 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Victoria, TX 77904 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	retired	pation 7 oos tale (eee metadotorie)	retired	٥,		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/29/2024 Winslow, Sheryl Contributor address; City; State; Zip Code Cuero, TX 77954			Amount of Contribution (\$)	\$500.00	
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions retired	<u>l</u> s)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 11/25	Louderback, Andrew J. (Mr.)		00088181
4	Date	5 Payee name		•
	09/19/2024	Austin Marriot Downtown		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$534.64	304 E Cesar Chavez S		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (k	b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				fundraiser and event in Austin lodging expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	expenditure to benefit C/OI		111	Office field
-	Date	Payer name		
	07/03/2024	Payee name Bay & Beyond Broadcasting		
		, ,	_	
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$2,010.00	3000 Wyatt Ave		
		Bay City, TX 77414		
	PURPOSE OF	5 (b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				radio ads
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
-	Date	Payee name		
	09/04/2024	Building Brands Marketing		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$300.00	120 Main St Ste 500		
		Victoria, TX 77901		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	- '	Ì	Check if Austin, TX, officeholder living expense
				Video Production for Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	- Familiary to borrow 0/01			

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
┰	Total pages Schedule F1:	2 FILED NAM					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 2/14 Rpt: 12/25		k, Andrew J. (Mr.)				٦	00088181	(241103 00111111031	0111 11010)
┢	Date	5 Payee name	<u> </u>							
	09/20/2024	COA Parki								
Ļ										
6	Amount (\$) \$2.25	7 Payee addre		tate; Zip Co	ode					
8	PURPOSE	(a) Category (a			(b)	Description				
ľ	OF	Travel Out	See Categories listed at the top of the	is schedule)	(5)	:	outsi	ide of Texas. Com	olete Schedule T.	
l	EXPENDITURE	l Haver Out	OI DISTRICT			므		, officeholder living		
						Parking in Au	ısti	n for meeting	3	
l						•		•		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	l ght			Office he	eld	
Г	Date	Payee name	!							
	08/26/2024	Carter, Dav	vn							
┝	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	nde					
	\$100.00	107 Sky Ct		, 2.p 00	, , ,					
	Φ100.00	107 Sky Ci								
		Victoria, T>	〈 77904							
l	PURPOSE OF	(a) Category (S	See Categories listed at the top of th	is schedule)	(b)	Description				
l	EXPENDITURE	Advertising	Expense			=		ide of Texas. Com		
						_		, officeholder living	expense	
						VWHS event	sp	OHSOF		
L	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H 								
l	Date	Payee name	!							
	09/25/2024	Colon & Co	ompany							
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de					
l	\$3,000.00		Freeway #108							
	, , , , , , , , , , , , , , , , , , , ,		y							
		Houston , 7	ΓX 77024							
	PURPOSE OF	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
l	EXPENDITURE	Event Expe	ense			브		ide of Texas. Com		
l								, officeholder living	expense	
						event manag	eII)	ICIIL		
L										
l	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
l	expenditure to benefit C/O	П								
Г										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 13/25	Louderback, Andrew J. (Mr.) 00088181
4	Date	5 Payee name
	08/05/2024	Cuero Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	210 E Main
		Cuero, TX 77954
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsor
		Event sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	08/05/2024	Cuero Chamber of Commerce
H	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	210 E Main
	¥220.00	
		Cuero, TX 77954
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation at event
	Operation ONLY if dispose	Outstide to 10 ff and half an array of the second to
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
H	D-4-	
	Date 08/22/2024	Payee name
		Dewitt County GOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1209 Seidel Rd
		Westhoff, TX 77994
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fundraiser contribution
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	Gift/Awards/Memorials egal Services The Instruction Gu	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	12			• • •			· · ·	3	Filer ID	(Ethics Commission F	ilore)
		 		Androw 1 (Mr	`					00088181	(Euros Commission f	11013)
L	Sch: 4/14 Rpt: 14/25	_		Andrew J. (Mr.)					υυυοδίδι		
4	Date	5	Payee name									
	08/15/2024		Eva Hanes &	& Associates								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Cod	de					
	\$2,500.00		12113 Coyot	e Call Way								
			Austin, TX 78	2725								
Ļ		⊢										
8	PURPOSE OF	(a)		Categories listed at the	ne top of this sche	edule)	(b)	Description		d4.T O	olaka Oakaadula T	
	EXPENDITURE		Consulting E	xpense				=		de of Texas. Com officeholder living		
								social media			у схрепос	
								230.00 1110010		9		
_	Complete ONLY if direct	<u></u>	Candidata/Off: -	oholder name		office cover	nh+			Office	ald.	
9	expenditure to benefit C/O		Candidate/Offic	enoluel name	O	office souç	JIIL			Office he	au	
	Date		Payee name									
	09/10/2024		Eva Hanes &	& Associates								
	Amount (\$)		Payee address	s; City;	State;	Zip Coo	de					
	\$2,500.00		12113 Coyot	e Call Way								
			,	•								
			Austin, TX 78	0725								
		_										
	PURPOSE OF	(a)		e Categories listed at the	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE		Consulting E	xpense				=		de of Texas. Com officeholder living		
								social media			у схрензе	
								ooda moda		louiting		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office cour	thr			Office he	ald	
	expenditure to benefit C/O		Janunate/Offic	enoluel name	U	office souç	JIIL			Office He	ziu	
L		_										
	Date		Payee name									
	09/06/2024		GoDaddy									
	Amount (\$)		Payee address	s; City;	State;	Zip Cod	de					
	\$204.42											
			TX									
\vdash	PURPOSE						(b)	Docorintion				
	OF			Categories listed at the	ne top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising E	-vhelige						officeholder living		
								website				
-	Complete ONLY if direct		Candidate/Offic	eholder name	<u> </u>	Office soug	ght			Office he	eld	
	expenditure to benefit C/O				J		, -					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 5/14 Rpt: 15/25		k, Andrew J. (Mr.)					00088181		
4	Date	5 Payee name	9							
	07/31/2024	Griffin Con	nmunications LLC							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	7111 Harv	est Trail Dr							
		Austin , TX	78736							
8	PURPOSE OF		See Categories listed at the top of t	his schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense			=		ide of Texas. Com , officeholder living		
						Consulting	, 170	, omeendaer name	ускрепос	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ıght			Office he	eld	
L	expenditure to benefit C/Ol	H								
	Date	Payee name	e							
	09/03/2024	Griffin Con	nmunications LLC							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	7111 Harv	est Trail Dr							
		Austin , TX	78736							
	PURPOSE OF		See Categories listed at the top of t	his schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense			=		ide of Texas. Com , officeholder living		
						consulting	, 17	, omcendaer hving	ускрепас	
						ooou.ug				
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	l Iaht			Office he	eld	
	expenditure to benefit C/O				5					
H	Date	Payee name								
	09/24/2024	l ´	nmunications LLC							
	Amount (\$)	Payee addro		State; Zip Co	ndo					
	\$1,000.00	l ´	est Trail Dr	State, Zip Ct	Jue					
	Ψ1,000.00	7111111010	est Hall Di							
		Austin , TX	(78736							
H	PURPOSE	(a) Category	See Categories listed at the top of t	his schedule)	(b)	Description				
	OF	Consulting		o ourioudio)	` `		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Ĭ	•			Check if Austin	, TX	, officeholder living	j expense	
						consulting				
L					Ļ					
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ight			Office he	eld	
	experience to beliefit 6/01	•								
1										

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi Candidate/Officeholder/Political Committee Le Credit Card Paymont

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission	on Filers)
Sch: 6/14 Rpt: 16/25	Louderback, Andrew J. (Mr.)		00088181	
4 Date	5 Payee name			
07/19/2024	KIXS-FM			
6 Amount (\$)	7 Payee address; City; State; Zip Co	le		
\$500.00	107 North Star			
	Victoria, TX 77904			
8 PURPOSE		(h) p		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if tra	avel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense		ustin, TX, officeholder living expense	
		Teacher S	supply Drive Radio Ad	
			000	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou OH	ınt	Office held	
Data	1 -			
Date 09/25/2024	Payee name Koehl, Dylan			
	-	lo.		
Amount (\$) \$122.73	Payee address; City; State; Zip Co	ie		
Ψ122.13	12030 32 Kancii Ku			
	Inez, TX 77968			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		avel outside of Texas. Complete Schedule T.	
EXPENDITURE	· ·		ustin, TX, officeholder living expense	
		staff renta	repairs	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held	
expenditure to benefit C/C		,	Cinido nota	
Date	Payee name			
08/02/2024	Kountry Bakery			
Amount (\$)	Payee address; City; State; Zip Co	le		
\$12.96	802 E 4th St			
	Hallettsville, TX 77964			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
		ш	meeting meal	
		. 3	-	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held	
expenditure to benefit C/C	DH .			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/14 Rpt: 17/25	Louderback, Andrew J. (Mr.) 00088181	
4	Date	5 Payee name	
	07/10/2024	Louderback, AJ	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,581.00	PO BOX 1792	
		Victoria, TX 77902	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		fundraiser out of pocket reimbursement	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
F	Date	Payee name	=
	08/09/2024	Louderback, AJ	
H	Amount (\$)	Payee address; City; State; Zip Code	-
	\$345.26	PO BOX 1792	
		Victoria, TX 77902	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Website reimbursement	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
H	Date	Payes name	=
	09/25/2024	Payee name Louderback, AJ	
			_
	Amount (\$) \$5,647.98	Payee address; City; State; Zip Code PO BOX 1792	
	\$5,047.96	FO BOX 1792	
		Victoria, TX 77902	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		mileage and parking fees	
		Timougo and parking roos	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 8/14 Rpt: 18/25	Louderback, Andrew J. (Mr.) 00088181
4	Date 08/15/2024	5 Payee name NWFT Goodpasture
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	2952 Greenbriar Rd
		Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	NWFT Goodpasture
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	2952 Greenbriar Rd
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	NWFT Goodpasture
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2952 Greenbriar Rd
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 19/25	Louderback, Andrew J. (Mr.) 00088181
4	Date	5 Payee name
	09/19/2024	Peak Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.20	823 Congress
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking in Austin for fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/23/2024	Quail Creek VFD
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	513 Chukar
		Victoria, TX 77905
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/10/2024	Republican Women of Yoakum Area
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	105 Huck St
		Yoakum , TX 77995
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraiser sponsor
		iditaliser sportsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/14 Rpt: 20/25	2 FILER NAME Louderback, Andrew J. (Mr.) 3 Filer ID (Ethics Commission Filers) 00088181
4	Date 07/01/2024	5 Payee name Sam's
6	Amount (\$) \$81.51	7 Payee address; City; State; Zip Code 9202 N Navarro Victoria, TX 77904
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office/campaign supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/16/2024	Payee name Shackelford, Kaylynn
	Amount (\$) \$175.00	Payee address; City; State; Zip Code PO BOX 283 Ganado , TX 77962
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Janitorial (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cleaning of rental used by campaign staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/30/2024	Payee name Steinmann, Sherri
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 12858 J2 Ranch Rd
		Inez, TX 77968
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rental/electricity (runoff staff)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/14 Rpt: 21/25	Louderback, Andrew J. (Mr.) 00088181
4	Date	5 Payee name
	09/25/2024	Terry Blacks BarBQue
6	Amount (\$)	7 Payee address; City; State; Zip Code 900 N Colorado St
	\$44.50	900 N Colorado St
		Lockhart , TX 78644
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense travel meal
		uavei meai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Т	Date	Payee name
	09/20/2024	Terry Blacks BarBQue
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.29	900 N Colorado St
		Lockhart , TX 78644
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		travel meal
	0 1: 01!! \(\frac{1}{2} \)	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davisa nama
	09/06/2024	Payee name The Club at Colony Creek
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	301 Colony Creek Dr
		Victoria, TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fundraiser meeting meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 22/25	Louderback, Andrew J. (Mr.) 00088181
4	Date	5 Payee name
	07/23/2024	The Hotel Blessing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	817 FM 616
		Blessing, TX 77419
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Boliation to humbane recovery fundation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	09/04/2024	UZ Marketing
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,297.05	5900 Bingle Rd
	Ψ1,291.00	3300 Billigie IXu
		Houston , TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/08/2024	Victoria Area Go Texan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO BOX 7304
		Vistoria TV 77000
		Victoria, TX 77903
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fundraiser donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/14 Rpt: 23/25 Louderback, Andrew J. (Mr.) 00088181 4 Date Payee name 08/08/2024 Victoria Area Go Texan 6 Amount (\$) Payee address; City; State; Zip Code \$30.00 PO BOX 7304 Victoria, TX 77903 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meal tickets Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/29/2024 Victoria Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$165.00 106 E Forrest Victoria, TX 77901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense membership fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2024 Victoria East Highschool Football Booster Amount (\$) Payee address: City: State; Zip Code \$125.00 4103 E Mockingbird Victoria, TX 77904 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Football Program Ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 24/25	Louderback, Andrew J. (Mr.) 00088181
4	Date	5 Payee name
	09/06/2024	Victoria Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	PO BOX 4711
		Victoria , TX 77903
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		event donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	David and the second se
	08/26/2024	Payee name Viotorio Wort Highsphool Football Poorter
		Victoria West Highschool Football Booster
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.50	307 W Tropical
		Victoria , TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fundraiser Donation
	Complete ONLY if direct	Condidate/Office helds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/21/2024	Wood Hi Community Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	101 Wood Hi School Rd
		Inez, TX 77968
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		fundraiser donation
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE |

	The Instruction Guide explains how to complete this form.								
1	r and program and in	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-						
	Sch: 1/1 Rpt:	Louderback, Andrew J. (Mr.) 00088181							
4	Date	5 Payee name							
	07/12/2024	Louderback, Marci							
6	Amount (\$)	7 Payee Address; City; State; Zip							
	5,158.00	PO BOX 1792							
		Victoria, TX 77902							
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement (b) Description (See instructions regarding type of information required.) loan repayment							