# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00080101		2 Total pages fil	ed: 7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Joseph Cole			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Hefner				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
MAILING ADDRESS	P.O. Box 167				Receipt #	Amount
Change of Address	Mount Pleasant, TX 75456					
	, , , , , , , , , , , , , , , , , , , ,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>	
TREASURER NAME	Mr.	Richard W.				
	NICKNAME	LAST		SUFFIX		
		Baker				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	r; STA	ATE; ZIP CODE
ADDRESS						
(Residence or Business)	Mt. Pleasant, TX 75455					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER PHONE	(903) 563-1994					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		_			appointment (office	
	July 15 X	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	ROUGH	10/26/20	)24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024		eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	IT (if known)	
	State Representative Distri	ict 5		State Represer	ntative District 5	
	1			1		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Hefner, Joseph Cole	(The Honorable)	14 Filer ID ( 00080101	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political contributions accepted or political These expenditures may have been may defice holders are required to report the	ade without the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive		
		Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASUR	ER NAME	
		Shaw, James		
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (0 ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 15,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 6,969.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	<b>\$</b> 133,934.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPORTHE REPOR	PAL AMOUNT OF ALL OUTSTANDING RTING PERIOD	S LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			under penalty of perjury, that the acc nd includes all information required to ction Code.	
			The Honorable Joseph Cole Hef	ner
			Signature of Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal	of office.	
Signature of offi	cer administering	Printed name of officer administe	ering Title of officer	administering oath

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG

			C	JVER 3	3 of 17
I	ER NAM	(Ethics Co	mmission Filers)		
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				OTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,600.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	6,969.93
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE		
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/17		
2	FILER NAME Hefner, Jose	ph Cole (The Honorable)			3	Filer ID (Ethics Commission 00080101	on Filers)	
4	Date 10/22/2024	<ul><li>5 Full name of contributor Associated General Cont</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$1,000.00	
_	Deignaignal	Austin, TX 78768		C. Frankrian (Co. Instruction	Ţ			
ð	Principal occu	pation / Job title (See Instruction	S)	9 Employer (See Instructions	5)			
	Date 10/21/2024	Full name of contributor BEEF-PAC Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00	
		Amarillo, TX 79106						
	Principal occu	pation / Job title (See Instruction	S)	Employer (See Instructions	s)			
	Date 10/21/2024	Full name of contributor Charter Communications Contributor address; City; S			•	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)			
	Date 10/21/2024	Full name of contributor Cross Oak Group Contributor address; City; S Austin, TX 78701		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>l</u> S)			
	Date 10/21/2024	Full name of contributor HillCo PAC  Contributor address; City; S  Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>.</u> S)			
			l					

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/3 Rpt: 5/17		
2	FILER NAME Hefner, Jose	ph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	on Filers)	
4	Date 10/21/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78760					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)			
	Date 10/21/2024	Full name of contributor x out-of-state PAC ( Marathon Oil Company Employees PAC Contributor address; City; State; Zip Code	ID#: <u>C00040568</u>		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	· ····o.pa. oooa	pation, cos tito (coo includesto)	,p.:0) 0. (0.00	,			
	Date 10/21/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Findlay, OH 45840 pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date 10/21/2024	Full name of contributor out-of-state PAC ( Rydman, John & Lindy  Contributor address; City; State; Zip Code  Houston, TX 77007	  ID#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date 10/21/2024	Full name of contributor out-of-state PAC ( Texas Agricultural Aviation Association Ag-A Contributor address; City; State; Zip Code  Austin, TX 78701	Air PAC		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
			I				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/17	
2	FILER NAME Hefner, Jose	LER NAME efner, Joseph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	on Filers)
4	Date 10/21/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$350.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
°	Principal occu	pation / Job title (See Instructions)	S Employer (See Instructions	)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions			
	T Tillopai ooda	patient y des title (eee metadatens)	Employer (Geo mondonerio	,		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Association/ Forestry PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Lufkin, TX 75902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/21/2024	Full name of contributor x out-of-state PAC (ID#: CTHE Cigna Group Employee PAC  Contributor address; City; State; Zip Code  Philadelphia, PA 19192	C00085316 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

#### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/11 Rpt: 7/17	2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Hefner, Joseph Cole (The Honorable)       00080101
4	Date 10/07/2024	5 Payee name Airbnb
6	Amount (\$) \$285.88	7 Payee address; City; State; Zip Code 888 Brannan St.
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94117  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/10/2024	Payee name Canva
	Amount (\$) \$12.99	Payee address; City; State; Zip Code  3212 E Cesar Chavez St  Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Design Platform Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/03/2024	Payee name Chili's
	Amount (\$) \$29.70	Payee address; City; State; Zip Code 2800 Judson Rd.
		Longview, TX 75605
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
	Complete ONLY if direct expenditure to benefit C/OF	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 8/17	Hefner, Joseph Cole (The Honorable)		00080101
4	Date	5 Payee name		
	10/17/2024	Chuy's		
6	Amount (\$) \$273.37	<b>7</b> Payee address; City; State; Zip Co 1728 Barton Springs Rd.	de	
		Austin , TX 78704		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting to Discuss Officeholder Matters
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	10/15/2024	Curio Hotels		
	Amount (\$) \$398.82	Payee address; City; State; Zip Co 1914 Commerce St	ode	
		Dallas, TX 75201		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	09/30/2024	Doubletree Hotel		
	Amount (\$) \$215.12	Payee address; City; State; Zip Co 4441 W. John Carpenter Freeway	ode	
		Irving, TX 75063		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/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: 3/11 Rpt: 9/17	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	10/01/2024	Google Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email Fee
		Linui i co
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
L		
	Date	Payee name
	10/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.94	6001 W. Parmer Ln.
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food and Beverage for Capitol Office
		1 ood and Beverage for Capitor Cinice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
L	09/30/2024	Hampton Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$531.36	1701 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

#### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to cor	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID (Ethics Commission File
Sch: 4/11 Rpt: 10/17	Hefner, Joseph Cole (The Honorable)		00080101
4 Date	5 Payee name	<u> </u>	
10/25/2024	Hampton Inn		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	e	
\$209.01	1701 Lavaca St		
	Austin, TX 78701		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> Description	
OF EXPENDITURE	Travel Out of District		utside of Texas. Complete Schedule T.
EXPENDITURE		ш	TX, officeholder living expense
		Lodging	
<b>2</b>			000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç H	ht	Office held
Date	Payee name		
10/04/2024	Hilton Garden Inn		
Amount (\$)	Payee address; City; State; Zip Coo	e	
\$203.33	500 N Interstate 35		
	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Travel Out of District		utside of Texas. Complete Schedule T.
		Lodging	TX, officeholder living expense
		_0099	
Complete ONLY if direct	Candidate/Officeholder name Office sout	ht	Office held
expenditure to benefit C/O			
Date	Payee name		
10/07/2024	Hyatt Regency Lost Pines		
Amount (\$)	I Pavee address: City: State: /in Co.	e	
Amount (\$) \$18.00	Payee address; City; State; Zip Coo	е	
Amount (\$) \$18.00	575 Hyatt Lost Pines Rd	e	
	575 Hyatt Lost Pines Rd	e	
\$18.00	575 Hyatt Lost Pines Rd Cedar Creek, TX 78612		
	575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612  (a) Category (See Categories listed at the top of this schedule)	<b>b)</b> Description	utside of Texas. Complete Schedule T.
\$18.00	575 Hyatt Lost Pines Rd Cedar Creek, TX 78612	b) Description  Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense
\$18.00  PURPOSE OF	575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612  (a) Category (See Categories listed at the top of this schedule)	b) Description  Check if travel or	TX, officeholder living expense
\$18.00  PURPOSE OF	575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612  (a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel or	TX, officeholder living expense
\$18.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  Candidate/Officeholder name  Office soug	b) Description  Check if travel or Check if Austin, Vehicle Parkin	TX, officeholder living expense
\$18.00  PURPOSE  OF  EXPENDITURE	575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  Candidate/Officeholder name  Office soug	b) Description  Check if travel or Check if Austin, Vehicle Parkin	TX, officeholder living expense
\$18.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  Candidate/Officeholder name  Office soug	b) Description  Check if travel or Check if Austin, Vehicle Parkin	TX, officeholder living expense

#### 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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 5/11 Rpt: 11/17	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	_
	10/11/2024	Kiwanis Club of Hideaway Lake	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$205.00	PO Box 2232	
		Lindale, TX 75771	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Membership Renewal	
		memberomp renewal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	10/15/2024	La Ventana	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$30.07	3847 Cedar Springs	
		Dallas, TX 75219	
	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  Meeting to Discuss Officeholder Matters	
		moding to Biodece Omeenshies matter	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	-
	10/18/2024	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7.44	185 Berry St	
		Suite 400	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			_

#### SCHEDULE F1

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

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

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

	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: 6/11 Rpt: 12/17	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	10/04/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.70	185 Berry St
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rideshare
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	Para a sana
	Date	Payee name
	09/30/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.23	185 Berry St
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Rideshare
		Ridestiale
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/24/2024	Lyft
_		•
	Amount (\$) \$28.99	Payee address; City; State; Zip Code 185 Berry St
	Φ20.99	
		Suite 400
		San Francisco, CA 94107
	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
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 7/11 Rpt: 13/17	Hefner, Joseph Cole (The Honorable)  00080101							
4 Date	5 Payee name							
10/02/2024	Mailchimp							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$140.71	675 Ponce de Leon Ave NE							
	Suite 5000							
	Atlanta, GA 30308							
8 PURPOSE	(a) a							
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
	Email List Fee							
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
10/16/2024	Murdock, Corinne							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	147 CR 2462							
Ψ000.00	141 01(2402							
	Mineola, TX 75773							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
Contract Labor								
	Contract Labor							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
10/08/2024	Nicholson, David							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,500.00	12445 Alameda Trace Circle							
	Apt. G0618							
	Austin, TX 78727							
	I							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description							
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
	Contract Labor							
	Somutot Labor							
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/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: 8/11 Rpt: 14/17	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	10/11/2024	Overeasy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.98	1914 Commerce St
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		incoming to Discussion interests
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	ParkMobile
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$22.65	1100 Spring St. NW
		Suite 200
		Atlanta, GA 30309
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Vehicle Parking
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/25/2024	Phoebe's Diner
H	Amount (\$)	Payee address; City; State; Zip Code
	\$91.51	408 W. 11th St.
		Austin, TX 78701
Г	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### 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	- I Committee	Gift/Awards/Memorials E Legal Services The Instruction Gui	•	Printing Exp Salaries/Wa	ages/Con			Out of Dis R (enter a	strict category not listed abo	ve)
_	Total pages Cab - dista E4	2 51 55		•				O =::	ID.	(Ethica Carreria	on Filoro
	Total pages Schedule F1:							3 Filer		(Ethics Commission	ni Filers)
	Sch: 9/11 Rpt: 15/17	Hefne	r, Joseph Cole (The Ho	onorable)				8000	0101		
4	Date	<b>5</b> Payee	name								
	10/09/2024	Presb	yterian Camps at Gilm	ont Inc.							
6	Amount (\$)	<b>7</b> Payee	address; City;	State;	Zip Cod	de					
	\$360.45	_	State Hwy. 155 N.	,							
	<del>+</del> 355.10										
		Cilma	. TV 75044								
		Gilme	r, TX 75644								
8	PURPOSE OF		Ory (See Categories listed at the		dule)	(b) De	scription				
	EXPENDITURE		butions/Donations Mad			⊢∐				plete Schedule T.	
		Candi	date/Officeholder/Politi	cai Commit	tee		Check if Austin, ent Sponso		naer IIving	g expense	
						⊏V	ent Sponst	h			
Ļ											
9	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	Off	fice soug	ght		C	Office he	eld	
L		<u> </u>									
	Date	Payee	name								
	10/08/2024	Purple	e Sage Strategies								
	Amount (\$)	Payee	address; City;	State;	Zip Cod	de					
	\$1,000.00	3002 I	Bryker Drive								
	,		-								
		Augtin	TV 70702								
			ı, TX 78703		-						
	PURPOSE OF		Ory (See Categories listed at the	top of this sched	dule)	(b) De	scription		=	mlata Cal. III =	
	EXPENDITURE	Consu	ılting Expense			$\dashv$	Check if travel of Check if Austin,			plete Schedule T.	
						S0 □	cial Media			у сиренос	
						50	Jan Moula	Jonadili	9		
$\vdash$	Complete ONLY if direct	Candida	to/Officeholder name	<u> </u>	fice cove	,ht			Office by	ald	
	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	Oπ	fice soug	JIIL		C	Office he	ziu	
L	•										
	Date	Payee	name								
	10/17/2024	Shoal	Creek								
	Amount (\$)	Payee	address; City;	State;	Zip Cod	de					
	\$62.25	909 N	Lamar Blvd								
		Austin	ı, TX 78703								
_	DUDDOCE				1.	/b\ -					
	PURPOSE OF		Ory (See Categories listed at the	top of this sched	dule)	(¤) De □	Scription Check if travel o	outside of To	yas Com	plete Schedule T.	
	EXPENDITURE	F000/	Beverage Expense			H	Check if Austin,				
						Ш Ме				lder Matters	
							•				
_	Complete ONLY if direct	Candida	te/Officeholder name	Off	fice soug	nht		(	Office he	he	
	expenditure to benefit C/OI		ac, omocnoider name	Oli	5049	,				···	
_											

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contributions/ Donations Made By - Gift/Awards/Mem

Fees Office Ov Food/Beverage Expense Printing E Gift/Awards/Memorials Expense Printing E Legal Services Salaries/

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

	Contributions/ Donations Made By 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:									
	Sch: 10/11 Rpt: 16/17	Hefner, Joseph Cole (The Honorable) 00080101								
4	Date	5 Payee name								
	10/01/2024	Smith County Republican Women								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$35.00	PO Box 8175								
		Tyler, TX 75711								
8	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.								
	-	Candidate/Officeholder/Political Committee								
		EVEII AUIIISSIOII								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/O									
L	Data									
	Date	Payee name								
	09/30/2024	Squarespace Inc.								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$35.18	225 Varick Street								
		12th floor								
		New York, TX 10014								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Website Fee								
		Website i ee								
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								
	Date	Payee name								
	10/21/2024	Texas Minority Coalition								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$579.55	P.O. Box 130063								
	Ψ313.33									
		Tyler, TX 75713								
	PURPOSE	· · · · · · · · · · · · · · · · · · ·								
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense								
		Event Sponsorship								
L										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	pense	Polling Exper Printing Expe	nse es/Contract Labor		Travel in District Travel Out of Dis		
	Credit Card Payment			The Instruction Guide	e explains l	how to comp	lete this form.				
1	Total pages Schedule F1: Sch: 11/11 Rpt: 17/17	2		E seph Cole (The Ho	norable)			3	Filer ID 00080101	(Ethics Commission Filers)	
┝	Date	5									-
"	10/21/2024		Payee name United Stat	tes Postal Service							
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$74.00		507 S Main St								
		Lindale, TX 75771									
8	PURPOSE	(a)	Category (S	See Categories listed at the t	top of this sch	edule) (b	) Description				
	OF EXPENDITURE			rhead/Rental Expe					ide of Texas. Com		
	LXI LINDITORL								, officeholder living	expense	
							PO Box Rer	newa	al		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sough	t		Office he	eld	