SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

| The SPAC Instruction | Guide explains how to complete this | s form. | Filer ID (Ethics Commission Filers) 00080011 | | 2 Total pages filed:14 | | | |
|-------------------------|-------------------------------------|-----------|--|----------------|---|--|--|--|
| 3 COMMITTEE NAME | | - | | | OFFICE USE ONLY | | | |
| Friends of Tom Oli | iverson | | | | Date Received | | | |
| | | | | | ELECTRONICALLY FILED | | | |
| 4 COMMITTEE | ADDRESS / PO BOX; APT / SUITE | E#; CITY; | STATE; | ZIP CODE | | | | |
| ADDRESS | 1 E. Greenway Plza., Ste 225 | | | | Date Hand-delivered or Date Postmarked | | | |
| | | | | | | | | |
| Change of Address | Houston, TX 77046 | | | | Receipt # Amount | | | |
| | | | | | | | | |
| | | | | | Date Processed | | | |
| | | | | | | | | |
| | | | | | Date Imaged | | | |
| | | | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR FIRST | | | | MI | | | |
| TREASURER | Dr. Sherif | | | | | | | |
| NAME | | | | | | | | |
| | NICKNAME LAST | | | | SUFFIX | | | |
| | Zaafra | an | | | | | | |
| | | | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX PL | | APT / SUITE | #; CITY | ; STATE; ZIP CODE | | | |
| TREASURER | 1 E. Greenway Plza., Ste. 225 | | ALL SOILE | <i>π</i> , ΟΠΤ | , STATE, 211 CODE | | | |
| STREET | I L. Gleenway Fiza., Ste. 223 | | | | | | | |
| ADDRESS | | | | | | | | |
| (Residence or Business) | Houston, TX 77046 | | | | | | | |
| 7 CAMPAIGN TREASURER | STREET OR PO BOX; | | APT / SUITE | #; CITY | ; STATE; ZIP CODE | | | |
| MAILING | 1 E. Greenway Plza., Ste. 225 | | | | | | | |
| ADDRESS | | | | | | | | |
| Change of Address | Houston, TX 77046 | | | | | | | |
| 8 CAMPAIGN | AREA CODE PHONE NUME | | ENSION | | | | | |
| TREASURER | (713) 526-3399 | | LINSION | | | | | |
| PHONE | (113) 320-3333 | | | | | | | |
| 9 REPORT | January 15 | | · hafava alaatian | | | | | |
| TYPE | | | y before election | | Exceeded modified reporting limit | | | |
| | | X 8th day | before election | | Dissolution (Attach PAC-DR) | | | |
| | July 15 | Runoff | | | 10th day after campaign treasurer | | | |
| | | | | | termination | | | |
| 10 PERIOD COVERED | Month Day Year | TUDO | | Month Da | • | | | |
| 00122 | 09/27/2024 | THRC | JUGH | 10/26/ | /2024 | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION | | | | | |
| | Month Day Year | Primary | | ···· | Other | | | |
| | 11/05/2024 | | | | | | | |
| | | X General | Special | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | _ | | | | | | |
| | | GO TO | PAGE 2 | | | | | |
| Forms provided by Te | xas Ethics Commission | www.ethic | s.state.tx.us | | Version V4.1.0.48da5 | | | |

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---------------------------------------|------------------------|--|---------------------------------------|----------------------------|
| Friends of Tom Oliverso | n | | 00080011 | |
| 14 COMMITTEE | | CANDIDATE / OFFICEHOLDER NAME | | |
| PURPOSE | | Tom Oliverson | | |
| (Attach lists on plain | | | | |
| paper to complete this | X Candidate | | | |
| report if necessary.) | Officeholder | OFFICE SOUGHT (candidate) / OFFICE HEL | D (officeholder) | |
| | | State Representative | , , , , , , , , , , , , , , , , , , , | |
| | | | | |
| | | | | |
| X SUPPORT (Candidate or Measure) | | BALLOT IDENTIFICATION / # | ELECTI | ON DATE |
| (Candidate of Measure) | | | Month | Day Year |
| OPPOSE | | | | |
| (Candidate or Measure) | | | | |
| | Measure | | | |
| (Officeholder) | | DESCRIPTION | | |
| , , , , , , , , , , , , , , , , , , , | | | | |
| | | | | |
| 15 CONTRIBUTION | | | | 1 |
| TOTALS | | FRIBUTIONS OF \$50 OR LESS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE | N PLEDGES, | \$ \$0.00 |
| | ELECTRONICALLY), UN | | | Φ Φ0.00 |
| | 2. TOTAL POLITICAL C | | | <u> </u> |
| | | | | \$ \$22,850.00 |
| | (OTHER THAN PLEDGE: | S, LOANS, OR GUARANTEES OF LOANS) | | ¢ \$22,000.00 |
| | 3. TOTAL UNITEMIZED PO | | | |
| TOTALS | | | | \$ \$0.00 |
| | | | | |
| | 4. TOTAL POLITICAL EX | PENDITURES | | |
| | | | | \$ \$19,591.82 |
| | | | | |
| CONTRIBUTION | 5. TOTAL POLITICAL CON | RIBUTIONS MAINTAINED AS OF THE LAST | DAY OF THE | |
| BALANCE | REPORTING PERIOD | | | \$ \$401,224.64 |
| | | | | |
| OUTSTANDING | | UNT OF ALL OUTSTANDING LOANS AS OF | THE LAST | |
| LOAN TOTALS | DAY OF THE REPORTIN | G PERIOD | | \$ \$0.00 |
| | | | | |
| 16 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty of per | jury, that the acc | companying report is true |
| | | and correct and includes all informatio Title 15, Election Code. | n required to be | reported by me under |
| | | The 15, Election Code. | | |
| | | Dr. She | rif Zaafran | |
| | | | mpaign Treasure | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Origina to such the 12 st | hafaya waa kuudha u 11 | | hie the | -1 |
| | | , t | nis the | day |
| ot | , 20, to certify which | a, witness my hand and seal of office. | | |
| | | | | |
| | | | | |
| Signature of officer ad | ministering oath Print | ed name of officer administering oath | Title of office | er administering oath |
| | | - | | - |
| | | | | |

| SUBTOTALS - SPAC | | | | | | | | | | | |
|---|-------------|-------------------------|--------------|-------------------------|--|--|--|--|--|--|--|
| | | | OVER SHE | EIPG3 3 of 14 | | | | | | | |
| 17 COMMITTEE NAME Friends of Tom Oliverson | | 18 Filer ID 00080011 | (Ethics Comm | ission Filers) | | | | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOT | AL AMOUNT | | | | | | | |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | \$ | 22,850.00 | | | | | | | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION | NS | | \$ | | | | | | | | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | \$ | | | | | | | | |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION CORPORATION | R | \$ | | | | | | | | | |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM C LABOR ORGANIZATION | TION OR | \$ | | | | | | | | | |
| 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR | RGANIZATION | \$ | | | | | | | | | |
| 7. SCHEDULE E: LOANS | \$ | | | | | | | | | | |
| 8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRI | | \$ | 18,609.25 | | | | | | | | |
| 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | \$ | | | | | | | | |
| 10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CON | ITRIBUTIC | DNS | \$ | | | | | | | | |
| 11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | \$ | 982.57 | | | | | | | |
| 12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BU | JSINESS (| DF C/OH | \$ | | | | | | | | |
| 13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CON | ITRIBUTIC | INS | \$ | | | | | | | | |
| 14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER | UTIONS F | RETURNED | \$ | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/2 Rpt: 4/14 | |
|---|----------------|--|------------------------------------|-----|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Friends of To | om Oliverson | | | 00080011 | / |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 10/08/2024 | Blosser, Elizabeth | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | White Salmon, WA 98672 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | VP of Gov A | ffairs | American Land Title Ass | soc | iation | |
| | Date | Full name of contributor X out-of-state PAC (ID#:_ | C00035006) | Γ | Amount of Contribution (\$) | |
| | 10/14/2024 | Chevron Employees PAC | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | San Ramon, CA 94583 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| F | Date | Full name of contributor X out-of-state PAC (ID#: | C00348938) | | Amount of Contribution (\$) | |
| | 10/07/2024 | Chubb Group Holdings Inc PAC | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Philadelphia, PA 19106 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| | Date | Full name of contributor X out-of-state PAC (ID#: | С00197228) | | Amount of Contribution (\$) | |
| | 10/01/2024 | Elevance Health PAC | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Washington, DC 20004 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/17/2024 | Kalmbach, Christine | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77095 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions Self | 5) | | |
| | Realtor | | | | | |
| | | | | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/14 |
|-----------------|--|------------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Friends of T | om Oliverson | | 00080011 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 10/01/2024 | Martin, Paul | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Austin, TX 78730 | | |
| 8 Principal occ | upation / Job title (See Instructions) | 9 Employer (See Instructions | 3) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 10/24/2024 | Meyers, Lucas | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| Dringinglass | Austin, TX 78759 | | |
| | upation / Job title (See Instructions) tal affairs consultant | Employer (See Instructions Self | 5) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/14/2024 | | | \$12,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Austin, TX 78701 | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | |
| | | | 7 |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 10/09/2024 | Texas Society of Certified Public Accountants |) | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Addison, TX 75001 | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | ;) |
| | | | |
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| | | | EX | PENDITURE CATE | GORIES FOR | BOX 8(| a) | | | | |
|---|---|--|---|---|---|--|---------------------------------------|-------|--|----------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/B Gift/Aw nmittee Legal S | Expense everage Expense ards/Memorials Expense Services nstruction Guide expla | Office Ove Polling Ex Printing Ex Salaries/W | rhead/Rent bense pense ages/Contr | act Labor | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 1/5 Rpt: 6/14 | | Friends of Tom C | Dliverson | | | | | 00080011 | | |
| 4 | Date 10/07/2024 | | Payee name Advantage Direc | t | | | | | | | |
| 6 | | | Payee address; | | iata: Zin Ca | 40 | | | | | _ |
| 6 | Amount (\$) \$865.00 | | | ch Rd SE Ste 200 | ate; Zip Co | ue | | | | | |
| 8 | PURPOSE | (a) | Catagon | | | (h) Dec | orintion | | | | _ |
| 0 | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Walk Program | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officehold | der name | Office sou | ght | | | Office he | ld | |
| | Date | | Payee name | | | | | | | | |
| | 10/08/2024 | | Advantage Direc | t | | | | | | | |
| | Amount (\$) | | Payee address; | City; St | ate; Zip Co | de | | | | | _ |
| | \$300.00 | | 9420 Bonita Bea Bonita Springs, F | ch Rd SE Ste 200 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See Cate} Advertising Expe | gories listed at the top of thi: NSE | s schedule) | | Check if travel o | , TX, | le of Texas. Comp officeholder living Program | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officehol | der name | Office sou | ght | | | Office he | ld | |
| - | Date | <u> </u> | Payee name | | | | | | | | - |
| | 10/04/2024 | | American Expres | S | | | | | | | |
| | Amount (\$) \$376.69 | | Payee address; PO Box 650448 | City; Si | ate; Zip Co | de | | | | | |
| | | | Dallas, TX 75265 | 5 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(See Cate} Credit Card Payr | gories listed at the top of thi: nent | s schedule) | | Check if travel o Check if Austin, | , TX, | de of Texas. Comp officeholder living t Card Paym | expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officehol | der name | Office sou | ght | | | Office he | ld | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|-----|--------------------------------|--|------------------------|--|------------------------------|------------------------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G | s Expense | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | se | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | Ξ | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 2/5 Rpt: 7/14 | | Friends of | Fom Oliverson | | | | | 00080011 | | |
| 4 | Date 10/01/2024 | 5 | Payee name Anedot | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | Stato | ; Zip Co | 40 | | | | |
| 0 | \$1.28 | | 1340 Poyd | ras St Ste 1770 | Siale, | , Ζιρ Ου | ue. | | | | |
| 8 | PURPOSE | (a) | Category | | 4h - 4 f 4h : h | | (b) Description | | | | |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule OF Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense | | | | | | | expense | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | Office he | eld | |
| | Date | | Payee name | 1 | | | | | | | |
| | 10/11/2024 | | Anedot | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | ; Zip Co | de | | | | |
| | \$19.80 | | - | ras St Ste 1770 ns, LA 70112 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(S} Fees | ee Categories listed at | the top of this sch | nedule) | Check if A | avel outs ustin, TX | side of Texas. Com K, officeholder living draising Fees | expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | Office he | eld | |
| ⊢ | Date | | Payee name | | | | | | | | |
| | 10/21/2024 | | Anedot | | | | | | | | |
| | Amount (\$) \$4.20 | | Payee addre 1340 Poyde | ess; City; ras St Ste 1770 | State; | ; Zip Co | de | | | | |
| | | | New Orlea | ıs, LA 70112 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(S} Fees | ee Categories listed at | the top of this sch | iedule) | Check if A | avel outs ustin, TX | side of Texas. Com (, officeholder living draising Fees | expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Dffice sou | ght | | Office he | eld | |
| | | | | | | | | | | | |

| | | | | EXPENDITURE CA | ATEGORI | IES FOR | BOX 8(a) | | | | | |
|---|---|--|---|-----------------------------|---------------|--|---|------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Cor | Eve Fee Foo Gift/ nmittee Leg | nt Expense | ise | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 3/5 Rpt: 8/14 | | Friends of Tom | Oliverson | | | | | 00080011 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/01/2024 | | Blakemore & A | ssociates | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$1,500.00 | | 1 E Greenway | Plaza Ste 225 | | | | | | | | |
| | | | Houston, TX 7 | 7046 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Ca | tegories listed at the top | of this sched | dule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Consulting Exp | ense | | | | | de of Texas. Com | | | |
| | | | | | | | Campaign Co | | officeholder living |) expense | | |
| | | | | | | | Campaign Co | 0115 | ulting rees | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeh | older name | Of | fice soug | ht | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/22/2024 | | Case Hall And | Company | | | | | | | | |
| | Amount (\$) | ┝ | Payee address; | City; | State; | Zip Co | le | | | | | |
| | \$593.73 | | 1 E Greenway | - | | | | | | | | |
| | | | , | | | | | | | | | |
| | | | Houston, TX 7 | 7046 | | | | | | | | |
| | PURPOSE | (a) | Category (See Ca | tegories listed at the top | of this sched | dule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Advertising Ex | bense | | | | | de of Texas. Com | | | |
| | | | | | | | Campaign Te | | officeholder living |) expense | | |
| | | | | | | | Campaign re | 571 | wessaying | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeh | older name | Of | fice sou | ht | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/09/2024 | | Color Team | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State: | Zip Co | le | | | | | |
| | \$6,863.05 | | 19424 Park Ro | | , | 1 | | | | | | |
| | + - , | | | | | | | | | | | |
| | | | Houston, TX 7 | 7084 | | | | | | | | |
| | PURPOSE OF | (a) | | ategories listed at the top | of this sched | dule) | (b) Description | | | | | |
| | EXPENDITURE | | Advertising Ex | oense | | | | | de of Texas. Com | | | |
| | | | | | | | Campaign Lo | | officeholder living | | | |
| | | | | | | | Campaign Lt | JyU | | וונו ונכוווס | | |
| - | Complete ONLY if direct | L(| Candidate/Officeh | older name | Of | fice sou | ht | | Office he | eld | | |
| | expenditure to benefit C/Oł | | | | 51 | | | | 2 | | | |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | EXPENDITU | RE CATEGO | RIES FOR | BOX 8(a) | | | | |
|---|---|------------------------|--------------------------|---|---------------------|---|---|------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Cor | F F C mmittee L | Event Expense Fees Food/Beverage Expe Sift/Awards/Memorial Legal Services | nse s Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimbursement rhead/Rental Expense pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 4/5 Rpt: 9/14 | | Friends of To | om Oliverson | | | | | 00080011 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/01/2024 | | Handley, Gra | ace | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State | ; Zip Co | de | | | | |
| | \$200.00 | | 21820 E Yau | ipon Circle | | | | | | | |
| | | | | | | | | | | | |
| | | | Tomball, TX | 77377 | | | | | | | |
| 8 | PURPOSE | e Categories listed at | nedule) | (b) Description | | | | | | | |
| | OF EXPENDITURE | | | ges/Contract L | | , | Check if travel | | de of Texas. Com | | |
| | | | | | | | | | officeholder living | g expense | |
| | | | | | | | Campaign C | ontr | ract Labor | | |
| _ | Complete ONIL V if direct | Ľ | | -balder nome | | 24100 0014 | | | Office by | _ 1_1 | |
| 9 | 9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | eid | |
| | Date | | Payee name | | | | | - | | | |
| | 10/04/2024 | | Raconteur M | ledia Compan | у | | | | | | |
| | Amount (\$) | ┢ | Payee address | s; City; | State | ; Zip Co | de | | | | |
| | \$2,075.00 | | PO Box 2653 | 11 | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 7 | 8755 | | | | | | | |
| | PURPOSE OF | | | e Categories listed at | the top of this sch | nedule) | (b) Description | ·: | | | |
| | EXPENDITURE | | Advertising E | Expense | | | | | de of Texas. Com officeholder living | | |
| | | | | | | | Campaign D | | | | |
| | | | | | | | | .9. | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | (| Jffice sou | ght | | Office he | eld | |
| | expenditure to benefit C/OF | Н | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 10/07/2024 | | The What's l | Jp Radio Prog | Iram | | | | | | |
| | Amount (\$) | | Payee address | s; City; | State | ; Zip Co | de | | | | |
| | \$5,000.00 | | 10924 Grant | Road #133 | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX | 77070 | | | | | | | |
| | PURPOSE | | | e Categories listed at | the top of this sch | nedule) | (b) Description | | | | |
| | OF EXPENDITURE | | Advertising E | Expense | | | | | de of Texas. Com | • | |
| | | | | | | | Campaign A | | officeholder living | j expense | |
| | | | | | | | Campaign A | uve | rusing | | |
| | Complete ONLY if direct | Ľ | Candidate/Offic | eholder name | (| Office soug | tht | | Office he | | |
| | expenditure to benefit C/OF | | Janalaate, Onic | cholder hame | · · · · | 011100 3004 | jit | | Onice in | Situ | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve - Gift/Award | erage Expense s/Memorials Expense | IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ | nent & Related I | · | | | |
|--|---|--------------------------------------|---|--|------------------|--------------|--|--|--|
| | - | | ow to complete this form. | | , | , | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Et | hics Commise | sion Filers) | | | |
| Sch: 1/4 Rpt: 11/14 | Friends of Tom Oliv | /erson | | 00080011 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution n Express | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREL CARD | \$ | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | | | | |
| | \$28.25 | 10/17/2024 | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | |
| | | | 306 Commerce St | - | | | | | |
| | Manna Bread | | | | | | | | |
| | | | Tomball, TX 77375 | | | | | | |
| B PURPOSE OF | (a) Category | | (b) Description | | | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | , | Campaign Constituent Meeting | | | | | | |
| X Political | | 1130 | | | | | | | |
| Non-Political | T. Check if Austin, | TX, officeholder living e | xpense | | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Of | ffice sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | | | | |
| | \$16.00 | 10/16/2024 | | | | | | | |
| | | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | |
| | Suzy Beez Bakery | | 12602 West Shadow Lk Ln | | | | | | |
| | | | | | | | | | |
| | | | Cypress, TX 77429 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Campaign Constituent | Meeting | | | | | |
| X Political | Food/Beverage Expe | nse | Campaign Constituent | weeting | | | | | |
| | | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | TX, officeholder living e | xpense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name O | ffice sought | Office held | | | | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uor Paid | | | | | |
| PATWENT | | | (c) Date(s) Credit Card iss | uei Faiu | | | | | |
| | \$29.68 | 10/12/2024 | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | |
| | | | 28517 Tomball Pkwy | | | | | | |
| | Shipley Do-Nuts | | , | | | | | | |
| | | | Tomball, TX 77375 | | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | | |
| EXPENDITURE | (See Categories listed at the top | | Campaign Constituent Meeting | | | | | | |
| X Political | Food/Beverage Expe | nse | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austin, | TX, officeholder living e | xpense | | | | |
| | | | | 5 | | | | | |

Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name

Office sought

Office held

| | | EXPE | ENDITURE CATEGOR | RIES FOR BOX | 10(a) | | | | | | |
|--|--|---|---|--|--|--|------------|--------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | I Committee Gift/Awards | rage Expense s/Memorials Expense ices | Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co | ental Expense T T ntract Labor C | ransportation Equipmen ravel in District ravel Out of District | | | | | |
| | | i | ruction Guide explains I | how to complete | this form. | 1 | | | | | |
| 1 | Total pages Schedule F4: | | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) | | | |
| | Sch: 2/4 Rpt: 12/14 | Friends of Tom Oliv | /erson | | | 00080011 | | | | | |
| 4 | CREDIT CARD | Name of finar | ncial institution | | OF UNITEMIZED | \$ | | | | | |
| | ISSUER | see pi | revious | | GED TO A CREDIT | 17 | | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | (c) Date(s) Credit Card Issuer Paid | | | | | | |
| | | \$64.92 | 10/12/2024 | | | | | | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | | | |
| | | T | | 249 Loue | etta | | | | | | |
| | | Taco Cabana | | | | | | | | | |
| | | | | | , TX 77070 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | | | | | | | |
| | | Food/Beverage Exper | , | Campaig | n Constituent M | eeting | | | | | |
| | X Political | | | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | Check if Austin, TX | , officeholder living exp | ense | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name C | Office sought | | Office held | | | | | |
| e | xpenditure to benefit C/OH | | | | - Deid | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Cha | | | | (c) Date(s |) Credit Card Issue | er Pald | | | | | |
| | | \$40.94 | 10/11/2024 | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | |
| | | Sam's Club | | 12205 W | /est Rd | | | | | | |
| | | | | Houston TV 77005 | | | | | | | |
| | PURPOSE OF | (a) Catagony | | Houston, TX 77065 (b) Description | | | | | | | |
| | EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | Campaign Office Supplies | | | | | | | |
| | X Political | Office Overhead/Rent | tal Expense | Campaig | | 5 | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | | Check if Austin, TX | , officeholder living exp | ense | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name C | Office sought | | Office held | | | | | |
| e | xpenditure to benefit C/OH | | | | | <u> </u> | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | er Paid | | | | | |
| | | \$347.00 | 10/15/2024 | | | | | | | | |
| | PAYEE | (a) Payee name | 1 | (b) Payee | address; | City, | State, | Zip Code | | | |
| | | | | 155 5Th | St 7 | | | | | | |
| | | NCOIL | | | | | | | | | |
| | | | | | ncisco, CA 94103 | 3 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | | | | | | | |
| | | Office Overhead/Rent | , | Campaig | n Staff Event Fe | es | | | | | |
| | X Political | | | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | Check if Austin, TX | , officeholder living exp | ense | | | | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name C | Office sought | | Office held | | | | | |
| | | l | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | | | | | |
|---|----------------------------|---|-----------------------------|---|--|--|--------|----------|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com | | | | Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra | | blicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District "avel Out of District THER (enter a category not listed above) | | | | | | |
| | | The Inst | ruction Guide explains I | how to complete t | this form. | | | | | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 3/4 Rpt: 13/14 | Friends of Tom Oliv | | 00080011 | | | | | | | | |
| 4 | CREDIT CARD | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED | | | | | | | | |
| | ISSUER | | | | EXPENDITURES \$ CHARGED TO A CREDIT CARD | | | | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | er Paid | | | | | | |
| | | \$347.00 | 10/15/2024 | | | | | | | | | |
| 7 | PAYEE | AYEE (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | | |
| | NCOU | | 155 5Th 3 | St 7 | | | | | | | | |
| | | NCOIL | | | | | | | | | | |
| | | | | San Francisco, CA 94103 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | | (b) Description Campaign Staff Event Fees | | | | | | | | |
| | X Political | Office Overhead/Rent | Campaig | Campaign Stan Event 1 665 | | | | | | | | |
| Non-Political | | (c) Check if travel outside | | Check if Austin, TX, officeholder living expense | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct | | Candidate/Officeholder |)ffice sought | | | | | | | | | |
| | xpenditure to benefit C/OH | | | Ū | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | er Paid | | | | | | |
| | | \$35.18 | 10/12/2024 | | | | | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | | | | |
| | | Squarospaco | | 225 Vario | 225 Varick St Fl 12 | | | | | | | |
| Squarespace | | | | | | | | | | | | |
| | | (a) Catagony | | New York, NY 10014 | | | | | | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | | ., | (b) Description Campaign Website | | | | | | | |
| X Political | | Office Overhead/Rental Expense | | Campaig | in website | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | : Т. | Check if Austin. TX | , officeholder living expe | ense | | | | | |
| Complete <u>ONLY</u> if direct | | Candidate/Officeholder | Office sought | | Office held | | | | | | | |
| e | xpenditure to benefit C/OH | | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | er Paid | | | | | | |
| | | \$30.00 | 10/05/2024 | | | | | | | | | |
| | | | | | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code | | | | |
| | | Hyatt Regency | | 575 Hyat | t Lost Pnes Rd | | | | | | | |
| | | | | Cedar Cr | Cedar Creek, TX 78612 | | | | | | | |
| PURPOSE OF | | (a) Category | | | (b) Description | | | | | | | |
| EXPENDITURE | | (See Categories listed at the top | Campaig | Campaign Staff Parking | | | | | | | | |
| | X Political | Transportation Equipr Expense | neni Anu Relaleu | | | | | | | | | |
| | Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | | |

| | | EXP | ENDITURE CATEGO | RIES FOR BOX 10(a) | | | | |
|---|---|---|----------------------------|---|--|--------------------|--------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By | | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense | Transportation Equip Travel in District Travel Out of District | | | |
| | Candidate/Officeholder/Politica | 0 | | Salaries/Wages/Contract Labor how to complete this form. | OTHER (enter a cate | gory not listed al | jove) | |
| 1 | Total pages Schedule E4: | | | | 2 Eiler ID (E | thics Commiss | sion Filers) | |
| - | Total pages Schedule F4:2FILER NAMESch: 4/4 Rpt:14/14Friends of Tom Oliverson | | | | 3 Filer ID (Ethics Commission Filers) 00080011 | | | |
| 4 | CREDIT CARD | | | 5 TOTAL OF UNITEMIZ | | | | |
| t | ISSUER | Name of financial institution see previous | | EXPENDITURES | ENDITURES \$ | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | ssuer Paid | | | |
| | | \$30.82 | 10/01/2024 | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | | | 10019 lh 35 South | | | | | |
| | | Hill Country Spring | S | | | | | |
| | | | | Ausitn, TX 78747 | | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | | Capitol Office Water | | | | |
| | X Political | | | | | | | |
| | Non-Political | (C) Check if travel outside of Texas. Complete Schedule T. | | e T. Check if Austi | in, TX, officeholder living | ng expense | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name C | Office sought | Office held | | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | ssuer Paid | | | |
| | | \$12.78 | 09/27/2024 | | | | | |
| PAYEE | | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | | Dropbox | | 333 Brannan St | | | | |
| | | | | San Francisco, CA 94 | 1107 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category | | (b) Description | | | | |
| | | (See Categories listed at the top Office Overhead/Ren | | Campaign File Storag | je | | | |
| | Non-Political | (C) Check if travel outside | n, TX, officeholder living | expense | | | | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name C | Dffice sought | Office held | | | |
| | | | | | | | | |