# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commis 00069489		2 Total pages f	filed: 19
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Tony D.			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	10/27/2024	
	,	Tinderholt				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3800 Park Manor Ct.				Receipt #	Amount
Change of Address	Arlington, TX 76017					
Ontainge 017 Address	Allington, 1X 70017				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	IRST		MI		
TREASURER NAME	Mrs.	Jan E.				
	NICKNAME L	 -AST		SUFFIX		
		Гyler				
	OTDEET ADDRESS (NO DO D	-0\/ DI 5405\	4.0-	. / 0.1.175 // 0.17)		710 0005
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO B 3705 Pimlico Dr.	OX PLEASE);	AP	T / SUITE #; CITY	τ; 51	ATE; ZIP CODE
(Residence or Business)	Arlington, TX 76017					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(817) 692-7696					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after c	ampaign treasurer
		-			appointment (off	
	July 15 X	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach 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	ΧG	eneral	Special		
				1		
11 OFFICE	OFFICE HELD (if any)	s+ 0.4		12 OFFICE SOUGH		
	State Representative Distric	л 94		State Represer	ntative District 94	
				I		
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Tinderholt, Tony D. (	he Honorable)	<b>14</b> Filer ID 00069489	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political on made without the candidate's or office this information only if they receive n	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTIO	S (OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 5.18
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$ 69,431.45
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 38,441.60
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINE RIOD	O AS OF THE LAST DAY OF THE	\$ 209,050.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			m, under penalty of perjury, that the ac t and includes all information required Election Code.	
			The Honorable Tony D. Tinder	holt
			Signature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and s	eal of office.	
Signature of office	cer administering	Printed name of officer admir	istering Title of office	er administering oath

### **SUBTOTALS - C/OH**

### FORM COH **COVER SHEET PG 3**

					3 of 19			
_	L8 FILER NAME Tinderholt, Tony D. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00069489							
	HEDUL ME OF			SUBTOTAL AMOUNT				
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	69,426.27			
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5.18			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	38,441.60			
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	OF C/OH	\$				
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	INS	\$				
12	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	221.60			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/19	
2	FILER NAME Tinderholt, T	ony D. (The Honorable)		3	Filer ID (Ethics Commission 00069489	on Filers)	
4	Date 10/12/2024			7	Amount of Contribution (\$)	\$52.05	
_		Arlington, TX 76017	- la	5 1 (0 1 : :	<u></u>		
8	EHS Manage	pation / Job title (See Instructions) er	9	Employer (See Instructions Green Bay Packaging	s) 		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00		
	Dringing! aggs	Ooltewah, TN 37363		Employer (See Instructions	<u></u>		
	CEO	pation / Job title (See Instructions)		Employer (See Instructions HTAmerica Holdings LL			
	Date Full name of contributor out-of-state PAC (II  10/06/2024 Cooley, Jay  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$100.00
		Arlington, TX 76016					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAG Czarrowitz, Jon Contributor address; City; State; Zip Code Arlington, TX 76017				Amount of Contribution (\$)	\$25.00
	Principal occu truck driver	pation / Job title (See Instructions)		Employer (See Instructions SRS Distributing	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/23/2024 DeDecker, Bill (Mr.)  Contributor address; City; State; Zip Code  Arlington, TX 76012					Amount of Contribution (\$)	\$104.10
	Principal occu consultant	pation / Job title (See Instructions)		Employer (See Instructions C D Inc	5)		
			•				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	o complete this forn	1.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/19	
2	FILER NAME Tinderholt, T	ony D. (The Honorable)		3	Filer ID (Ethics Commission 00069489	on Filers)	
4	Date 10/11/2024	<ul><li>5 Full name of contributor Gore, Rex</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$1,200.00
8	Principal occur	Austin, TX 78736 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions			
	Manager	pation / 300 title (See instructions)		Clean Scapes	,		
	Date 10/24/2024	Full name of contributor  Hanson, Mark (Dr.)  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Dringing! aggs	Arlington, TX 76012		Employer (See Instructions			
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date Full name of contributor ☐ out-of-state PAC (I 10/23/2024 Hughel, Ray  Contributor address; City; State; Zip Code		out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$52.05
		Arlington, TX 76017					
	Principal occu educator	pation / Job title (See Instructions)		Employer (See Instructions Southern Methodist Univ	•	sity	
	Date 10/21/2024	Full name of contributor McCarty, Julie (Mrs.)  Contributor address; City; State  Grapevine, TX 76051		)		Amount of Contribution (\$)	\$50.00
	Principal occu Real estate i	pation / Job title (See Instructions) nvestor		Employer (See Instructions self-employed	)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Petty, Guy  Contributor address; City; State; Zip Code  Arlington, TX 76013					Amount of Contribution (\$)	\$52.05
	Principal occu Data Analyst	pation / Job title (See Instructions)		Employer (See Instructions Optum Inc	)		
			•				

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/19
2	FILER NAME Tinderholt, T	ony D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069489
4	Date 10/03/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$37,500.00
_	Deinsinal	AUSTIN, TX 78701	la Familia (Osalisatas)	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	is)
	Date 09/30/2024	Full name of contributor out-of-state PATEXAS OPTOMETRIC PAC  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	AUSTIN, TX 78705 pation / Job title (See Instructions)	Employer (See Instruction	ne)
	r inicipal occu	oalion / Job title (See matructions)	Employer (See Instruction	15)
	Date 10/17/2024	Full name of contributor out-of-state PA Tarrant Star Republican Women Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$500.00
	Deinsinal assu	Fort Worth, TX 76112	Franksian (Coo Instruction	
	Principal occu	oation / Job title (See Instructions)	Employer (See Instruction	15)
	Date 10/23/2024	Full name of contributor out-of-state PA Texans for Conservative Leadership PAC Contributor address; City; State; Zip Code Austin, TX 78750		Amount of Contribution (\$) \$25,000.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date 10/23/2024	Full name of contributor out-of-state PAThomas, Kimberly  Contributor address; City; State; Zip Code  Dallas, TX 75230	AC (ID#:)	Amount of Contribution (\$) \$1,041.02
	Principal occu DEO	pation / Job title (See Instructions)	Employer (See Instruction Global Advisors Develo	
			1	

#### SCHEDULE F1

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

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

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		nittee L	egal Services  The Instruction G	•		ages	Contract Labor		OTHER (enter	a category not listed abo	ove)
_		_		The instruction G	uide explains n	iow to coi	iipie	te this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 1/12 Rpt: 7/19	Т	inderholt, T	ony D. (The H	onorable)					00069489		
4	Date	<b>5</b> P	ayee name									
	10/08/2024	3	60 Condom	iniums								
6	Amount (\$)	<b>7</b> P	ayee addres:	s; City;	State;	Zip Co	de					
	\$4,150.00	3	60 Nueces	St								
		A	Austin, TX 78	3701								
8	PURPOSE	(a) C	ategory (See	Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		partment de					느			mplete Schedule T.	
	LXI LINDITORL							X Check if Austin,				
								Apartment de session	pos	sit for living	ı in Austin during	j 2025
								56221011				
9	Complete ONLY if direct		ındidate/Offic	eholder name	0	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Η										
	Date	Р	ayee name									
	10/11/2024	3	60 Condom	iniums								
	Amount (\$)	Р	ayee addres:	s; City;	State;	Zip Co	de					
	\$3,228.00	3	60 Nueces	St								
		A	Austin, TX 78	3701								
	PURPOSE	(a) C	ategory (see	Categories listed at t	ho top of this coho	udula)	(b)	Description				
	OF		partment de		tie top of this sche	edule)	( - ,	_ `	outsio	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		partitioni at	opoon.				X Check if Austin,	TX,	officeholder livi	ng expense	
								2nd installme	nt p	payment fo	r Austin apartme	ent
	Complete ONLY if direct		ındidate/Offic	eholder name	0	ffice sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
	Date	Р	ayee name									
	10/03/2024	A	virbnb									
	Amount (\$)	Р	ayee address	s; City;	State;	Zip Co	de					
	\$150.15	8	88 Brannan	St								
		s	San Francisc	co, CA 94103								
	PURPOSE	(a) C	Category (sag	Categories listed at t	he ton of this scho	dule)	(b)	Description				
	OF		Event Expen		ine top of this serie	.uuic)	` '		outsio	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder livi	ng expense	
								-	xtra	night in A	ustin before the	Caucus
								Retreat				
	Complete ONLY if direct		ındidate/Offic	eholder name	0:	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
I												

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	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: 2/12 Rpt: 8/19	Tinderholt, Tony D. (The Honorable)  00069489
4	Date	5 Payee name
	10/18/2024	Amazon.com
6	Amount (\$) \$285.78	7 Payee address; City; State; Zip Code 440 Terry Ave
		Seattle, WA 98101
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
		political sign stakes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2024	Angie Chen Button Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 832748
		Richardson, TX 75083
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter it travel outside of Taylor Camplete Schedule T
	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
		campaign contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Ben Bumgarner for Texas House
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2201 Spinks Rd STe 250
		Flower Mound , TX 75022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		campaign contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Services		aries/Wa		e /Contract Labor		OTHER (ente		gory not listed above)	
	Credit Card Payment			The Instruction Gu	uide explains how	to com	nple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Et	hics Commission F	-ilers)
	Sch: 3/12 Rpt: 9/19		Tinderholt,	Tony D. (The Ho	onorable)					0006948	9		
4	Date	5	Payee name						_				
	10/11/2024			rris Davila for S	tate Represent	ative							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	le						
	\$200.00		POBox 700										
			Round Rock	k. TX 78680									
8	PURPOSE	(a)				. 1	(h)	Description					
Ü	OF	(")		ee Categories listed at the ns/Donations Ma			(2)	Check if travel	outsi	ide of Texas. C	omplete	Schedule T.	
	EXPENDITURE			Officeholder/Poli		e		Check if Austin	, TX	, officeholder liv	ing expe	ense	
								campaign co	ntri	butions			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e soug	ht			Office	held		
	expenditure to benefit C/OI	H											
	Date		Payee name										
	10/04/2024		Casa Mann	a Theatre									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le						
	\$364.00		3101 W. La	ncaster Ave									
			Fort Worth,	TX 76107									
	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this schedule	.) (	(b)	Description					
	OF EXPENDITURE			/Memorials Exp				Check if travel	outsi	ide of Texas. C	omplete	Schedule T.	
	EXPENDITORE							Check if Austin					
								tickets for sta	ıtt C	Christmas	Party	show	
		L											
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Опісе	e soug	Int			Office	neia		
		_											
	Date		Payee name										
	09/27/2024		Cleod9 Void	e 									
	Amount (\$)		Payee addres	•	State; Zi	p Cod	le						
	\$53.00			dol Mill Road									
			Ste 204										
			Arlington, T	X 76011									
	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this schedule	e) (	(b)	Description					
	OF EXPENDITURE		Office Overl	head/Rental Exp	oense			Check if travel					
								District phone			/ing expe	ense	
								הוטווטן אווטוונים	<i>:</i> 5	SI VICE			
	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name	Office	e soug	ıht			Office	held		
	expenditure to benefit C/OI		Sandidate/Offi	continuor manne	Office	c soug	j1 IL			Onice	iiciu		

#### SCHEDULE F1

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

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

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)

1 Total pages Sche	edule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt:	10/19	Tinderholt, Tony D. (The Honorable)	00069489
4 Date		5 Payee name	•
10/01/2024		Cleod9 Voice	
6 Amount (\$)		7 Payee address; City; State; Zip Code	
	\$54.42	2500 E Randol Mill Road	
		Ste 204	
		Arlington, TX 76011	
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE		Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			District phone service
			·
9 Complete ONLY i		Candidate/Officeholder name Office sought	Office held
expenditure to be	enefit C/OF	I	
Date		Payee name	
10/11/2024		Denise Villalobos Campaign	
Amount (\$)		Payee address; City; State; Zip Code	
\$	\$200.00	3122 Creek Side Dr,	
		Corpus Christi, TX 78410	
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 Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	campaign contribution
			h. 2
Complete ONLY i	if direct	Candidate/Officeholder name Office sought	Office held
expenditure to be	enefit C/OF	I	
Date		Payee name	
10/11/2024		Don McLaughlin for State Rep District 80	
Amount (\$)		Payee address; City; State; Zip Code	
\$	\$200.00	PO Box 1707	

The Instruction Guide explains how to complete this form.

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Uvalde, TX 78802

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder/Political Committee

Contributions/Donations Made By

Office sought

(b) Description

Theck if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

campaign contribution

#### SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 11/19	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	09/30/2024	Fuzzy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.42	4201 W. Green Oaks
		Arlington, TX 76016
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food served at Precinct Chair meeting and training
		session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/02/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre
		Mountain View, CA 94043
	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  Workspace business service
		vvorkopade basiliess service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	10/11/2024	Janie Lopez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 2073
	Ψ200.00	F.O. BOX 2013
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	7

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense 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	
با	Tatalana O. I. S.	,
1	Total pages Schedule F1:	
	Sch: 6/12 Rpt: 12/19	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	10/11/2024	John Lujan for Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 14479
		San Antonia TV 70214
Ļ		San Antonio, TX 78214
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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		oampaigh Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	10/11/2024	Lacey Hull for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 19231
		Houston, TX 77224
_	PURPOSE	1
	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
		campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	10/22/2024	Mailchimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	675 Ponce De Leon Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		email server for political mailings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	<u> </u>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 7/12 Rpt: 13/19	Tinderholt, Tony D. (The Honorable) 00069489			
4	Date	5 Payee name			
	10/11/2024	Marc Lahood Campaign			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$200.00	127 Enchino Blanco			
		San Antonio, TX 78232			
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  Contributions/Donations Made By  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		campaign ccontribution			
		Campaign Containation.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Payee name			
	10/01/2024	Marianne Cox Photography			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,250.00	2650 N State Highway 360			
	Ψ1,230.00	2000 N State Highway 300			
		Grand Prairie, TX 75050			
	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 photos for mailings			
		priotos foi mainigo			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-	Date	Davida nama			
	10/23/2024	Payee name  Mike Olcutt Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10,000.00	PO Box 247			
		Aledo, TX 76008			
	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			
		campaign contribution			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	н			

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries	Expens s/Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:			<u></u>			3	Filer ID	(Ethics Commission Filers)
L	Sch: 8/12 Rpt: 14/19	Tinderholt,	Tony D. (The Honoral	ole)				00069489	
4	Date	5 Payee name							
	10/11/2024	Morgan Me	yer for Texas						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip C	Code				
	\$200.00	3838 Oak L	awn Ave						
		Ste. 400							
		Dallas, TX 7	75219						
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Contribution	s/Donations Made By	/				le of Texas. Comp	
		Candidate/0	Officeholder/Political C	Committee		Check if Austin, campaign cor		officeholder living	expense
						campaign coi	i i i i i i i i	Julion	
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	Julupt			Office he	ld .
9	expenditure to benefit C/Oh		CCHOIGE HAITIE	Office SC	Jugiit			Office fie	
	Date	Payee name							
L	10/22/2024	Republican	Party of Texas						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	Code				
	\$15,000.00	P.O.Box 22	06						
		Austin, TX 7	78768						
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Contribution	s/Donations Made By	/				le of Texas. Comp	
		Candidate/0	Officeholder/Political C	Committee		Check if Austin,	, TX,	officeholder living	expense
						CONTRIBUTION			
$\vdash$	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	l Juaht			Office he	ld
	expenditure to benefit C/O			200 30	-9.11			230 110	
$\vdash$	Date	Daveo namo							
	10/01/2024	Payee name Republican	Women of Arlington						
_	Amount (\$)	Payee addres		State; Zip C	odo.				
	\$20.00	P.O. Box 14		Siale, ZIP C	Joue				
	φ20.00	1 .O. DUX 14	·O11						
		Arlington, T	X 76094						
	PURPOSE OF		ee Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			ш		le of Texas. Comp officeholder living	
						monthly lunch			олронос
						,		<del>9</del>	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ought			Office he	ld
	expenditure to benefit C/O				9				

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 15/19	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
•	10/02/2024	Spark Arlington
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1000 Ballpark Way
		suite 310
		Arlington, TX 76011
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		monthly parking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2024	Steve Kinard Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2506 Valley Forge
		, ,
		Richardson, TX 75080
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
	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
		campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Data	Davies nome
	Date	Payee name
	10/03/2024	Susser Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.00	3030 Matlock Rd
		Arlington, TX 76015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bank wire transfer fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/12 Rpt: 16/19	Tinderholt, Tony D. (The Honorable) 00069489			
4	Date	5 Payee name			
	10/08/2024	Susser Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$25.00	3030 Matlock Rd			
		Arlington, TX 76015			
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			
		wire transfer fee			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experiditure to benefit C/Oi				
	Date	Payee name			
	10/11/2024	Susser Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.00	3030 Matlock Rd			
		Arlington, TX 76015			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    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			
		wire transfer			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	10/22/2024	Susser Bank			
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 3030 Matlock Rd			
	Ψ23.00	3030 Wallock Ru			
		Arlington, TX 76015			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		wire transfer fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

#### 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 Committee

Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Gitt/Awards/Memorials Expense Printing E Lenal Services Salaries/N

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

	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: 11/12 Rpt: 17/19	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	10/23/2024	Susser Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.00	3030 Matlock Rd
		Arlington, TX 76015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense wire transfer
		wire transfer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
L	10/08/2024	T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$422.14	3900 Arlington Highlands Blvd
		suite 137
		Arlington, TX 76018
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		wifi service and equipment for polling
L	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	10/08/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.87	8550 Tom Landry Fwy
		Fort Worth, TX 76120
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Freshman Orientation Meeting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$		
L		

#### SCHEDULE F1

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

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

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: 12/12 Rpt: 18/19	Tinderholt, Tony D. (The Honorable) 00069489
4	Date	5 Payee name
	10/09/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	8550 Tom Landry Fwy
		Fort Worth, TX 76120
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 freshman orientation meeting
		neshinan ohentation meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/11/2024	Tiff's Treats
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$58.13	1705 N. Collins
	Ψ30.13	#121
		Arlington, TX 76011
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Appreciation gift to Spark Staff
		The state of the s
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/26/2024	WinRed.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.92	1776 Wilson Blvd
		Arlington, WV 22209
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		online processing fee for donations
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
<u> </u>		

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tinderholt, Tony D. (The Honorable) 00069489 5 Name of person from whom amount is received 8 Amount (\$) 09/30/2024 \$221.60 Susser Bank 6 Address of person from whom amount is received; City; State; Zip Code Arlington, TX 76015 7 Purpose for which amount is received Check if political contribution returned to filer checking acct interest