

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |  |  |
|---|--|---|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00088326 | <b>2</b> Total pages filed:<br>10  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Ms.   | FIRST<br>Aimee L.   | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>10/27/2024 |
|   | NICKNAME   | LAST<br>Ramsey  | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>210 Oregon Ave.<br><br>Dallas, TX 75203  |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |
|   |  |   | Receipt #  | Amount   |
|   |  |   | Date Processed   |  |
|   |  |   | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST<br>Melanie  | MI   |  |
|   | NICKNAME   | LAST<br>Jennings  | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>9211 Pinewood Dr.<br><br>Dallas, TX 75243  |   | APT / SUITE #;   | CITY; STATE; ZIP CODE  |
|   |  |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(214)   | PHONE NUMBER<br>228-5953                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |
|   | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>09/27/2024   | THROUGH   | Month    Day    Year<br>10/26/2024   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>11/05/2024  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |  |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)   |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 114  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|  |   |
|--|---|
| <b>13 C / OH NAME</b> Ramsey, Aimee L. (Ms.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088326 |
|--|---|

|   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |
|---|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages   | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |                                  |                          |                                   |  |  |   |  |  |  |
| <table border="1" style="width:100%"> <tr> <td style="width:25%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    | <input type="checkbox"/> GENERAL | <b>COMMITTEE ADDRESS</b> | <input type="checkbox"/> SPECIFIC | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |  |  |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    |                                  |                          |                                   |  |  |   |  |  |  |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b> |                                  |                          |                                   |  |  |   |  |  |  |
|   | <input type="checkbox"/> SPECIFIC  |                          |                                  |                          |                                   |  |  |   |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  |  |                          |                                  |                          |                                   |  |  |   |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |

|                                |   |    |           |
|--------------------------------|---|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 120.00    |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 4,757.42  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 187.18    |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 11,312.70 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 6,885.43  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00      |

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 Ms. Aimee L. Ramsey  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

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|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Ramsey, Aimee L. (Ms.)   |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088326 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 4,757.42   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 11,312.70  |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/4 Rpt: 4/10  |
| <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.)                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326 |
| <b>4</b> Date<br>10/02/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Backes, Jane<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230 | <b>7</b> Amount of Contribution (\$)<br><br>\$26.35      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Fund Raiser |  | <b>9</b> Employer (See Instructions)<br>New Horizons     |
| Date<br>10/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Camacho, Vladimir<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75202              | Amount of Contribution (\$)<br><br>\$52.40               |
| Principal occupation / Job title (See Instructions)<br>Vice President       |  | Employer (See Instructions)<br>SmartKargo                |
| Date<br>10/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kennedy, Gail<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75238                  | Amount of Contribution (\$)<br><br>\$26.35               |
| Principal occupation / Job title (See Instructions)<br>retired              |  | Employer (See Instructions)<br>retired                   |
| Date<br>10/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kidane, Newaye<br><hr/> Contributor address; City; State; Zip Code<br><br>Garland, TX 75044                | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Owner                |  | Employer (See Instructions)                              |
| Date<br>10/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kidane, Newaye<br><hr/> Contributor address; City; State; Zip Code<br><br>Garland, TX 75044                | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Owner                |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/4 Rpt: 5/10  |
| <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.)                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326 |
| <b>4</b> Date<br>10/19/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Knetsch, William<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Eules, TX 76039-7736 | <b>7</b> Amount of Contribution (\$)<br><br>\$208.65     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Pilot             |  | <b>9</b> Employer (See Instructions)<br>United Airlines  |
| Date<br>10/15/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marocco, Peter<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75225                         | Amount of Contribution (\$)<br><br>\$200.00              |
| Principal occupation / Job title (See Instructions)<br>Executive Director         |  | Employer (See Instructions)<br>Dallas hero               |
| Date<br>09/27/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mayer, Harmony<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214                         | Amount of Contribution (\$)<br><br>\$104.48              |
| Principal occupation / Job title (See Instructions)<br>Pharmacist/Medical Liaison |  | Employer (See Instructions)<br>Amgen                     |
| Date<br>09/27/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McCann, Mike<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75218                           | Amount of Contribution (\$)<br><br>\$52.40               |
| Principal occupation / Job title (See Instructions)<br>retired                    |  | Employer (See Instructions)<br>retired                   |
| Date<br>10/02/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Niggli, Carrie<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205                         | Amount of Contribution (\$)<br><br>\$260.73              |
| Principal occupation / Job title (See Instructions)<br>Marketing                  |  | Employer (See Instructions)<br>Coca-Cola                 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/4 Rpt: 6/10  |
| <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.)                           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326 |
| <b>4</b> Date<br>10/11/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Powell, Milton and Lonna<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75218 | <b>7</b> Amount of Contribution (\$)<br><br>\$104.48     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired |  | <b>9</b> Employer (See Instructions)<br>retired          |
| Date<br>10/14/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Reagan, Serena<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75218                             | Amount of Contribution (\$)<br><br>\$52.40               |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                   |
| Date<br>10/02/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rediger, Lisa<br><hr/> Contributor address; City; State; Zip Code<br><br>Toluca Lake, CA 91602                         | Amount of Contribution (\$)<br><br>\$2,000.00            |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                   |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roos, Eugene<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205                               | Amount of Contribution (\$)<br><br>\$104.48              |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                   |
| Date<br>10/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roos, Eugene<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205                               | Amount of Contribution (\$)<br><br>\$208.65              |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/4 Rpt: 7/10    |
| <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.)                               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326   |
| <b>4</b> Date<br>10/21/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sherman, Linda | <b>7</b> Amount of Contribution (\$)<br><br>\$52.40        |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75218 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired     |   | <b>9</b> Employer (See Instructions)<br>retired            |
| Date<br>09/27/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stairs, Cynthia         | Amount of Contribution (\$)<br><br>\$900.00                |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75236          |   |  |
| Principal occupation / Job title (See Instructions)<br>retired              |   | Employer (See Instructions)<br>retired                     |
| Date<br>09/27/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stapler, John           | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75218          |   |  |
| Principal occupation / Job title (See Instructions)<br>retired              |   | Employer (See Instructions)<br>retired                     |
| Date<br>10/02/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Studer, Michael         | Amount of Contribution (\$)<br><br>\$208.65                |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205          |   |  |
| Principal occupation / Job title (See Instructions)<br>Business owner       |   | Employer (See Instructions)<br>Western Petroleum Resources |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 8/10 | <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326   |
| <b>4</b> Date<br>10/05/2024                             | <b>5</b> Payee name<br>Arica Monk  |  |
| <b>6</b> Amount (\$)<br>\$100.00                        | <b>7</b> Payee address; City; State; Zip Code<br>409 N Davis Dr<br><br>Arlington, TX 76012                                   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canvassing |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>10/15/2024                                      | Payee name<br>Arica Monk   |  |
| Amount (\$)<br>\$100.00                                 | Payee address; City; State; Zip Code<br>409 N Davis Dr<br><br>Arlington, TX 76012  |  |
| <b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canvassing |
|   | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held          |  |
| Date<br>10/01/2024                                      | Payee name<br>Arica Monk   |  |
| Amount (\$)<br>\$100.00                                 | Payee address; City; State; Zip Code<br>409 N Davis Dr<br><br>Arlington, TX 76012  |  |
| <b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canvassing |
|   | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held          |  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 9/10             | <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326  |
| <b>4</b> Date<br>09/30/2024   | <b>5</b> Payee name<br>Brilliant Film  |   |
| <b>6</b> Amount (\$)<br>\$1,123.09                                  | <b>7</b> Payee address; City; State; Zip Code<br>1610 Hill St<br><br>Grand Prairie, TX 75050   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital media     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/02/2024  | Payee name<br>McShane LLC  |   |
| Amount (\$)<br>\$2,000.00   | Payee address; City; State; Zip Code<br>7612 State Highway 71<br>Suite E<br>Austin, TX 78735   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign material |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/03/2024  | Payee name<br>McShane LLC  |   |
| Amount (\$)<br>\$465.00   | Payee address; City; State; Zip Code<br>7612 State Highway 71<br>Suite E<br>Austin, TX 78735   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign material |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 10/10 | <b>2</b> FILER NAME<br>Ramsey, Aimee L. (Ms.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088326 |
|--|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>10/08/2024 | <b>5</b> Payee name<br>McShane LLC |
|-----------------------------|------------------------------------|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$6,080.00 | <b>7</b> Payee address; City; State; Zip Code<br>7612 State Highway 71<br>Suite E<br>Austin, TX 78735 |
|------------------------------------|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign material |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>10/15/2024 | Payee name<br>McShane LLC |
|--------------------|---------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$871.65 | Payee address; City; State; Zip Code<br>7612 State Highway 71<br>Suite E<br>Austin, TX 78735 |
|-------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign material |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>10/21/2024 | Payee name<br>SIGNAGE SYSTEMS DALLAS |
|--------------------|--------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$285.78 | Payee address; City; State; Zip Code<br>7900 Ferguson Rd<br><br>Dallas, TX 75228 |
|-------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard signs |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|