

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 24

13 C / OH NAME Howard, Donna S. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00042130

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 31,220.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 10,015.53 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 128,619.61 |
| OUTSTANDING LOAN TOTALS | 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.

The Honorable Donna S. Howard

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**

3 of 24

| | | |
|--|---|---|
| 18 FILER NAME Howard, Donna S. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00042130 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 31,220.00 |
| 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 | \$ 10,015.53 |
| 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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC | 7 Amount of Contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David and Jan | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78731 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appleman, Gordon | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109 | |
| Principal occupation / Job title (See Instructions) Consulting Counsel | | Employer (See Instructions) Holland & Knight |
| Date 10/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arslan, Guner | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78717 | |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) Silicon Labs |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazerghi, Norma | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckley, Carol <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) None |
| Date 10/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bower, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78739 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Amentum |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broch, Lawrence <hr/> Contributor address; City; State; Zip Code Studio City, CA 91604 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, H.L. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/07/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002089) CWA-COPE PCC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Jose | 7 Amount of Contribution (\$) \$20.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| 8 Principal occupation / Job title (See Instructions) Non-Profit Manager | | 9 Employer (See Instructions) NEF |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Terry | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirkiel, Martin and Pamela | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Cirkiel Law Group |
| Date 09/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coldiron, Barbara | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Sheryl | Amount of Contribution (\$) \$300.00 |
| Contributor address; City; State; Zip Code Austin, TX 78767 | | |
| Principal occupation / Job title (See Instructions) State Representative | | Employer (See Instructions) Texas House of Representatives |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckhardt, Sarah | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78703 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) State of Texas |
| Date 09/27/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097568) Employees of RTX Corporation PAC | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Arlington, VA 22209 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Bill | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Georgetown, TX 78628 | |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Norma | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Texas |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco, Barbara | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code Silver Spring, MD 20901 | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Montgomery County |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Baylor Med <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Margaret Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78739 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Psychologist | | Employer (See Instructions) Self |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gipson, Deborah <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36117 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki <hr/> Contributor address; City; State; Zip Code Austin, TX 78739 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Goodwin & Goodwin Real Estate |
| Date 09/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullickson, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, Se <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Myron <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Law Office of Myron Hess |
| Date 09/27/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00271007) Humana Inc. PAC <hr/> Contributor address; City; State; Zip Code Louisville, KY 40202 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/04/2024 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00128512) JP Morgan Chase & Co. PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20005 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Jr., Kevin M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Educational Diagnostician | | Employer (See Instructions) Del Valle ISD |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khataw, Ali <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Encotech |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knisely, Anne-Francoise and Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopser, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78739 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Grayline Group |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyba, Ferne | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78731 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Robert | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Texas at Austin |
| Date 10/04/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck Employees PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20004 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, James | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78731 | |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Austin Energy |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neeley, Karen | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78716 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Book Seller | | 9 Employer (See Instructions) Self |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowlin, Bettye <hr/> Contributor address; City; State; Zip Code Austin, TX 78730 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozman Wear, Kristin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPac <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jim and Syl <hr/> Contributor address; City; State; Zip Code Austin, TX 78711 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Law Office of Amie Rodnick |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilz, Virginia <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhardt, Mary and John <hr/> Contributor address; City; State; Zip Code Austin, TX 78613 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Faculty | | Employer (See Instructions) University of Texas |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Patricia <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Clinical Social Worker | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78240 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulak, Gail | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Austin, TX 78703 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinnea, Carolyn | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXTA TruckPAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Pawn Brokers Inc <hr/> 6 Contributor address; City; State; Zip Code Crawford, TX 76638 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch AGC PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Chiropractic Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AgFund <hr/> Contributor address; City; State; Zip Code Waco, TX 76702 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78705 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/24 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Realtors PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Architects Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TexasNurse PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TxCPA PAC <hr/> Contributor address; City; State; Zip Code Addison, TX 75001 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Central Texas OB-GYN Association |

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.

| | | | | | |
|----------|---|---|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 1/8 Rpt: 17/24 | 2 | FILER NAME Howard, Donna S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00042130 |
| 4 | Date 10/15/2024 | 5 | Payee name Canva | | |
| 6 | Amount (\$) \$12.95 | 7 | Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Subscription | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/24/2024 | | Payee name Chez Zee American Bistro | | |
| | Amount (\$) \$1,528.66 | | Payee address; City; State; Zip Code 5406 Balcones Drive Austin, TX 78731 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Fundraising Event | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/03/2024 | | Payee name Chez Zee American Bistro | | |
| | Amount (\$) \$500.00 | | Payee address; City; State; Zip Code 5406 Balcones Drive Austin, TX 78731 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit for fundraiser | | |
| | | 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.

| | | | |
|----------|---|---|--|
| 1 | Total pages Schedule F1: Sch: 2/8 Rpt: 18/24 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 | Date 10/02/2024 | 5 Payee name Cupero, Samantha | |
| 6 | Amount (\$) \$2,025.00 | 7 Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | Date 10/15/2024 | Payee name Dallas Morning News | |
| | Amount (\$) \$32.51 | Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | Date 10/03/2024 | Payee name Davis, Henry | |
| | Amount (\$) \$1,700.00 | Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| | | 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/8 Rpt: 19/24 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/24/2024 | 5 Payee name De Luna Castro, Eva | |
| 6 Amount (\$) \$650.00 | 7 Payee address; City; State; Zip Code 8508 Spearman Drive Austin, TX 78757 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/27/2024 | Payee name Fresa's Chicken | |
| Amount (\$) \$97.97 | Payee address; City; State; Zip Code 915 N Lamar Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for legislative staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/09/2024 | Payee name Gannet Co, Inc. | |
| Amount (\$) \$21.15 | Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY 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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 4/8 Rpt: 20/24 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2024 | 5 Payee name Hill Country Springs | |
| 6 Amount (\$) \$30.32 | 7 Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/24/2024 | Payee name Houston Chronicle | |
| Amount (\$) \$23.96 | Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/15/2024 | Payee name Houston Chronicle | |
| Amount (\$) \$27.72 | Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/8 Rpt: 21/24 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/24/2024 | 5 Payee name Laurel For Texas | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code P.O. Box 6866 San Antonio, TX 78209 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/04/2024 | Payee name San Antonio Express News | |
| Amount (\$) \$27.72 | Payee address; City; State; Zip Code P.O. Box 2171 San Antonio, TX 78205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/03/2024 | Payee name Slack Technologies, LLC | |
| Amount (\$) \$55.97 | Payee address; City; State; Zip Code Salesforce Tower 415 Mission St San Francisco, CA 94105 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Messaging Software |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/8 Rpt: 22/24 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/21/2024 | 5 Payee name South Austin Democrats | |
| 6 Amount (\$) \$526.63 | 7 Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Yeller Dawg |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/21/2024 | Payee name Spicy Boys Fried Chicken | |
| Amount (\$) \$31.99 | Payee address; City; State; Zip Code 10609 Metric Blvd #108, Austin, TX 78758 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Officeholder |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2024 | Payee name The New York Times Company | |
| Amount (\$) \$21.28 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY 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.

| | | | | | |
|----------|---|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 7/8 Rpt: 23/24 | 2 | FILER NAME Howard, Donna S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00042130 |
| 4 | Date 09/30/2024 | 5 | Payee name The New York Times Company | | |
| 6 | Amount (\$) \$18.09 | 7 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/07/2024 | | Payee name The Rocket Science Group, LLC | | |
| | Amount (\$) \$57.56 | | Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Vendor | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/23/2024 | | Payee name USPS | | |
| | Amount (\$) \$84.00 | | Payee address; City; State; Zip Code 3575 Far W Blvd Austin, TX 78731 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage | | |
| | | 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 8/8 Rpt: 24/24 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
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|-----------------------------|--|
| 4 Date 10/03/2024 | 5 Payee name Ylana Gonzalez, Kristen |
|-----------------------------|--|

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|------------------------------------|--|
| 6 Amount (\$) \$1,525.00 | 7 Payee address; City; State; Zip Code 8004 Swindon Ln Austin, TX 78745 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
|---------------------------------|--|---|

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

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|--------------------|--|
| Date 10/04/2024 | Payee name Zoom Video Communications Inc. |
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|------------------------|---|
| Amount (\$) \$17.05 | Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 |
|------------------------|---|

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

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

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| | | | |
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