# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00065973		2 Total pages fi	led: 12
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Giovanni S.			Date Received  ELECTRONIC	ALLY FILED
	NICKNAME	LAST Capriglione		SUFFIX	10/28/2024	
4 04415154757	455550 / 50 50 / AST		.,	710.0005	Date Hand-delivered of	v Data Daatmarkad
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 1352 Ten Bar Trail	/SUITE#; CIT	Υ;	ZIP CODE	Receipt #	Amount
Change of Address	Southlake, TX 76092				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Elisa B.				
	NICKNAME	LAST Capriglione		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 1352 Ten Bar Trail	BOX PLEASE);	AP	/ SUITE #; CITY	; STA	ATE; ZIP CODE
(Residence or Business)	Southlake, TX 76092					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (214) 500-3302	IE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15  July 15	30th day before		Runoff [	15th day after ca appointment (offi	
		<b>_</b>		reporting limit L		
9 PERIOD COVERED	Month Day Year 09/27/2024	TH	IROUGH	Month Day 10/26/20	Year 24	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	rict 98 Tarrant		12 OFFICE SOUGH State Represen	T (if known) ntative District 98	
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	Capriglione, Giovann	i S. (The Honorable)	<b>14</b> Filer ID (I	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without It officeholders are required to report this informatio	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00			
	\$ 55,518.94					
EXPENDITURE TOTALS						
	4. TOTAL POLITIC		<b>\$</b> 21,656.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 254,730.55		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		The Honorah	ıle Giovanni S. Caprig	lione		
			f Candidate or Officehold			
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

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

# FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 42
	ER NAM	ME e, Giovanni S. (The Honorable)	<b>19</b> Filer ID 00065973	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 55,518.94
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 21,376.25
6.		\$		
7.		\$		
8.		\$		
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 279.75
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/23/2024	<ul> <li>Full name of contributor</li></ul>	-	7	Amount of Contribution (\$)	\$1,500.00
_		Wilmington, DE 19808		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/07/2024				Amount of Contribution (\$)	\$500.00
	Principal occu		Employer (See Instructions	<u> </u>		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
	Date 10/05/2024				Amount of Contribution (\$)	\$520.51
		North Richland Hills, TX 76180				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s) 		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 10/15/2024	Full name of contributor out-of-state PAC  Beer Alliance of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	C (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTI	ıs		SCHEDUI	E <b>A1</b>	
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/42	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Capriglione,	Giovanni S. (The Honorable)				00065973	
4	Date 10/07/2024	<ul> <li>Full name of contributor  out-of-s</li> <li>Bratcher, Lee</li> <li>Contributor address; City; State; Zip Co</li> </ul>	state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2,500.00
		Richardson, TX 75080	suc				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Industry Ass	ociation		Texas Blockchain Counc	cil		
	Date 10/14/2024	Cantu, Teri  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$208.20
		Grapevine, TX 76051					
	Principal occupation / Job title (See Instructions) retired			Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state F		state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2024	Cantu, Teri					\$104.10
Contributor address; City; State; Zip Code  Grapevine, TX 76051			ode				
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		
	Date	Full name of contributor x out-of-s	state PAC (ID#: C00	0035006		Amount of Contribution (\$)	
	10/15/2024	Chevron Employees PAC					\$1,000.00
		Contributor address; City; State; Zip Co	ode				
		San Ramon, CA 94583					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date	Full name of contributor X out-of-s	state PAC (ID#: C00	0085316 )		Amount of Contribution (\$)	
	10/04/2024	Cigna Group Employee PAC					\$750.00
	Contributor address; City; State; Zip Code						
		Philadelphia, PA 19192					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			<u> </u>				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/03/2024	Clark, Barry	f-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$500.00
_	Dringing! aggs	Keller, TX 76248	lo.	Employer (Coo Instructions	_		
8	Self-Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Peachtree Construction		d.	
	Date 10/15/2024	Full name of contributor out-o Contaldi, Mario Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$200.00
	Dringing! goog	Keller, TX 76248		Employer (See Instructions	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 10/26/2024	Full name of contributor out-o Coplen, Nancy  Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$364.36
		Colleyville, TX 76034					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 10/11/2024	Coy, Carol	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$52.05
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 10/15/2024	Full name of contributor out-o Dallas Police Officer PAC Contributor address; City; State; Zip C Dallas, TX 75215	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			<b>I</b>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/03/2024	<ul><li>5 Full name of contributor</li><li>Dixon, David</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$52.05
_		Colleyville, TX 76034	T-				
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 10/05/2024	Full name of contributor  Dowden, Charles  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$52.05
	Principal occu	colleyville, TX 76034 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Banker	pation / Job title (See Instructions)		Cadence Bank	')		
	Date 10/18/2024	Full name of contributor  Edwards, Janet  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$52.05
		Keller, TX 76248					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		
	Date 10/15/2024	Full name of contributor Friends of UT-Dallas PAC Contributor address; City; State Dallas, TX 75240	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 10/07/2024	Full name of contributor Gates, Nicholas Contributor address; City; State Houston, TX 77007	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$1,700.00
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions NA	5)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/04/2024	<ul><li>5 Full name of contributor HILLCO PAC</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Hanson, Mark  Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$200.00
	Dringing agg	Arlington, TX 76012		Employer (See Instruction	<u>,,</u>		
	Eye Doctor	pation / Job title (See Instructions	)	Employer (See Instructions Self	o)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:)  JOHNSON, Ben  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$200.00	
		Grapevine, TX 76051					
	Principal occu Consulting	pation / Job title (See Instructions	(3)	Employer (See Instructions Retired	S)		
	Date 10/07/2024	Full name of contributor JPMORGAN CHASE & C Contributor address; City; Si Washington, DC 20004		)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor Jung, Ronnie Contributor address; City; Si Fredericksburg, TX 78624			•	Amount of Contribution (\$)	\$52.05
	Principal occuretired	pation / Job title (See Instructions	s)	Employer (See Instructions retired	5)		
			'				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)				3	Filer ID (Ethics Commission 00065973	n Filers)
4	Date 10/02/2024	<ul><li>5 Full name of contributor Knapp, Trey and Amy</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$500.00
		Southlake, TX 76092						
8	Principal occu VP Finance	pation / Job title (See Instructions	)	9	Employer (See Instructions Sewell Automotive Com		nies	
	Date 10/02/2024	Full name of contributor Lesch, Melissa Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$520.51
	Dringinal occu	Grapevine, TX 76051 pation / Job title (See Instructions	1		Employer (See Instructions			
	Surety Agen		,		PCL Contract Bonding A		ncy	
	Date 10/23/2024	Full name of contributor Lotterhos, Joseph Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
		Keller, TX 76248						
	Principal occu retired	pation / Job title (See Instructions	)		Employer (See Instructions retired	5)		
	Date 10/18/2024	Full name of contributor Markham, Joe Contributor address; City; St Keller, TX 76248	out-of-state PAC (ID#: ate; Zip Code		)	•	Amount of Contribution (\$)	\$104.10
	Principal occu Firefighter	pation / Job title (See Instructions	)		Employer (See Instructions City of Arlington	5)		
	Date 10/15/2024	Full name of contributor McGuire Woods Federal F Contributor address; City; St Richmond, VA 23219		00	225342 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		
			L					

	MONEI	ARY POLITICAL CONTRIBUTION	JNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)		1	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/04/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Redmond, WA 98052 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_Mogged, Chuck  Contributor address; City; State; Zip Code  COLLEYVILLE, TX 76034			Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Oncor Texas State Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
_	Principal occu	Dallas, TX 75202 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor x out-of-state PAC (ID#:_PNC PAC  Contributor address; City; State; Zip Code	C00035519 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20006 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#: Page, Carey  Contributor address; City; State; Zip Code  Keller, TX 76262			Amount of Contribution (\$)	\$1,000.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS 		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/04/2024	<ul><li>5 Full name of contributor</li><li>Phillips North America LLC</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20005					
8	Principal occu	pation / Job title (See Instructions		9 Employer (See Instructions	s)		
	Date 10/07/2024	Full name of contributor Political Action Committee Contributor address; City; St	_			Amount of Contribution (\$)	\$350.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions	)	Employer (See Instructions	 s)		
	Date 10/05/2024	Full name of contributor Reynolds III, Ernest (Skip) Contributor address; City; St. Colleyville, TX 76034				Amount of Contribution (\$)	\$52.05
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>l</u> S)		
	Date 10/15/2024	Full name of contributor Ron Lewis & Associates Contributor address; City; St. Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 10/09/2024	Full name of contributor Rutherford, Teresa  Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occuretired	pation / Job title (See Instructions	)	Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (	S		SCHEDUI	LE <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)				3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/23/2024	<ul><li>5 Full name of contributor Saldi, Bre</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$50.00
		Southlake, TX 76092						
8	Principal occu Attorney	pation / Job title (See Instructions	i) 	9	Employer (See Instructions Self	s) 		
	Date 10/02/2024	Full name of contributor Smith-Torrez, Catherine Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Dringing Loggy	Colleyville, TX 76034	<u>.</u>		Employer (Con Instructions	<u></u>		
	Police Licer	pation / Job title (See Instructions nced P.I.	)		Employer (See Instructions Self	5)		
	Date 09/28/2024	Full name of contributor Sprague, Donald Contributor address; City; Si	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$52.05
		Grapevine, TX 76051						
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	s)		
	Date 10/15/2024	Full name of contributor Staples, Mary  Contributor address; City; Si  Southlake, TX 76092	out-of-state PAC (ID#:ate; Zip Code			•	Amount of Contribution (\$)	\$52.05
	Principal occu Advocate	pation / Job title (See Instructions	)		Employer (See Instructions National Association of		ain Drug Stores	
	Date 10/07/2024	Full name of contributor TREPAC Contributor address; City; Si Austin, TX 78768	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	<u>1</u> 6)		

	MONET	ARY POLITICAL CONTRIBI		SCHEDU	LE <b>A1</b>		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/42		
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/07/2024			7	Amount of Contribution (\$)	\$5,000.00	
		Autin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/04/2024 Tarrant Star Republican Women  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Fort Worth, TX 76112  Principal occupation / Job title (See Instructions)  Employer (See Instruction				5)		
	Date Full name of contributor X out-of-state PAC (ID#:C00086587  10/04/2024 Technology Network (Technet) Texas PAC  Contributor address; City; State; Zip Code		C00086587		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Burlingame, CA 94010 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PA Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	AC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PA Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	AC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
				,			

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDUI	LE <b>A1</b>	
	The Instru	The Instruction Guide explains how to complete this form.			ı <b>.</b>	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/42		
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)				3	Filer ID (Ethics Commission 00065973	on Filers)	
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$1,000.00			
		Austin, TX 78701							
8	Principal occu	pation / Job title (See Instructions	s) 	9 1	Employer (See Instructions	s)			
	Date 10/07/2024	Full name of contributor Texas BOMA Pac Contributor address; City; Si	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78755 pation / Job title (See Instructions	s)	I I	Employer (See Instructions	<u> </u> 5)			
	Date 10/04/2024	Full name of contributor Texas Consumer Lenders Contributor address; City; Si		<u> </u>			Amount of Contribution (\$)	\$3,000.00	
	Principal occu	pation / Job title (See Instructions	5)	I	Employer (See Instructions	<u>                                      </u>			
	Date 10/15/2024	Full name of contributor Texas Dental Association Contributor address; City; Si Austin, TX 78704	-				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions	s)	E	Employer (See Instructions	5)			
	Date 10/23/2024	Full name of contributor Texas Farm Bureau AGF Contributor address; City; St Waco, TX 76702					Amount of Contribution (\$)	\$1,000.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instruction				Employer (See Instructions	5)			
			l	<u> </u>					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/42		
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	10/02/2024 Texas Instruments Incorporated PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00		
8	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	1	Employer (See Instructions			
•				e Employer (See Instructions			
	Date 10/15/2024	Full name of contributor  Texas Optometric PAC  Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/07/2024 Full name of contributor X out-of-state PAC (ID#: 10/07/2024 Textron Political Action Committee  Contributor address; City; State; Zip Code  Providence, RI 02903		- nmittee	00123612		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Contributor address; City; State; Zip Code		_			Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	Colleyville, TX 76034  pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Trankle, David  Contributor address; City; State; Zip Code  keller, TX 76248			Amount of Contribution (\$)	\$50.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			,				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>	
	The Instruc	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 13/14 Rpt: 16/42	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 10/04/2024  5 Full name of contributor out-of-state PAC (ID#:) Verizon Communications Inc - Good Government Club - Texas  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<b>(</b> )		
	Date 10/15/2024	Full name of contributor  Vistra Employee PAC of Vi  Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		,					
	Date Full name of contributor out-of-si 10/18/2024 Weinberger, Dan  Contributor address; City; State; Zip Co		out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$520.51
	Deinsinal assu	GRAPEVINE, TX 76051		Franksian (Caalinatuustiana	$\overline{\Gamma}$		
	Entrepeneur	pation / Job title (See Instructions)		Employer (See Instructions weinberger's deli	)		
	Date Full name of contributor x out-of-state PAC (ID#: C00034595 )  10/23/2024 Wells Fargo & Co Employee PAC  Contributor address; City; State; Zip Code  Minneapolis, MN 55479			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/23/2024	Full name of contributor Woertendyke, Randy Contributor address; City; Sta Southlake, TX 76092	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	· )		
			,				

TARY POLITICAL CONTRIBUTION		SCHEDULE A1		
The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 14/14 Rpt: 17/42
E , Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065973
		7	Amount of Contribution (\$) \$260.25	
Southlake, TX 76092 upation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)	
		Retired		
	ction Guide explains how to complete this  Giovanni S. (The Honorable)  Full name of contributor out-of-state PAC (ID#: Woertendyke, Randy  Gontributor address; City; State; Zip Code  Southlake, TX 76092	ction Guide explains how to complete this form  Giovanni S. (The Honorable)  Full name of contributor out-of-state PAC (ID#: Woertendyke, Randy  Contributor address; City; State; Zip Code  Southlake, TX 76092	Giovanni S. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:) Woertendyke, Randy  6 Contributor address; City; State; Zip Code  Southlake, TX 76092  upation / Job title (See Instructions)  9 Employer (See Instructions)	Inction Guide explains how to complete this form.  3 Giovanni S. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:

### SCHEDULE F1

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

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

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

10/23/2024	<ul> <li>2 FILER NAME</li></ul>	·
4 Date 10/23/2024	<ul><li>5 Payee name Adobe</li><li>7 Payee address; City; State;</li></ul>	·
10/23/2024	Adobe 7 Payee address; City; State;	7in Codo
	7 Payee address; City; State;	Zin Codo
6 Amount (\$)		Zin Codo
\$21.64	San Jose, CA 95110	ziρ Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	ule) <b>(b)</b> Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Graphics Subscription
Complete ONLY if direct expenditure to benefit C/OF		ice sought Office held
Date	Payee name	
10/16/2024	Austin Airport F&B	
Amount (\$)	Payee address; City; State;	Zip Code
\$40.72	3600 Presidential Blvd	
	Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Gift/Awards/Memorials Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Texas Souvenirs
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought Office held
Date	Payee name	
10/22/2024	Bottlecap Alley Icehouse Grill	
Amount (\$) \$55.17	Payee address; City; State; 1469 W State Hwy TX-114 Ste 614 Grapevine, TX 76051	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Constituent Lunch
Complete ONLY if direct expenditure to benefit C/OF		ice sought Office held

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

		The instruction Guide explains now to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 2/24 Rpt: 19/42	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	09/28/2024	Budget	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$62.41	617 E Dallas Rd	
		Grapevine, TX 76051	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense	
		Rental for Campaign	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit eye.		
	Date	Payee name	
	10/08/2024	CFW Parking Meter	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.00	1000 Throckmorton St	
		Fort Worth, TX 76102	
H	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense.  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Parking Fee	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
L	10/21/2024	Challa, Mana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1209 Normandy Dr	

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Southlake, TX 76092

Candidate/Officeholder name

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

Salaries/Wages/Contract Labor

Office sought

(b) Description

Campaign Intern

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/24 Rpt: 20/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/25/2024	Chili's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.37	2810 State Highway 121
		Euless, TX 76039
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
		Office Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2024	Clay Pit
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.51	1601 Guadalupe St
		Austin, TX 78701
	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  Staff Lunch
		Staff Edition
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/13/2024	Costco Wholesale
H	Amount (\$)	Payee address; City; State; Zip Code
	\$190.50	2601 E State Hwy 114
		Southlake, TX 76092
	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
		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4/24 Rpt: 21/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/03/2024	Cowtown Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	612 Carroll Street
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Registration
		Lvont registration
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dove name
		Payee name Dallas Fair
	10/13/2024	** ***
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	3809 Grand Ave
		Dallas, TX 75210
	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  Constituent Beverages
		Constituent Deverages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida dama
	Date 10/03/2024	Payee name  Doubletree Lubbock University
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.39	505 Avenue Q
		Lubbock, TX 79401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  C/OH: Travel to Texas Tech University for
		presentation.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 5/24 Rpt: 22/42	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	10/01/2024	Einstein Bros Bagels	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$72.11	2404 Guadalupe St	
		Austin, TX 78705	
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  Committee Hearing Breakfast	
		Committee Hearing Breaklast	
_	Commission ONII V if direct	Constitute / Office helder name Office accepts	_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	·		_
	Date	Payee name	
	09/27/2024	Fairmont Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.68	101 Red River Street	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Parking Expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	D-4-		=
	Date	Payee name	
	10/16/2024	Fastsigns	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$273.87	2300 Dean Way	
		Suite 120	
		Southlake, TX 76092	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Signs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	

### SCHEDULE F1

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

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

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: 6/24 Rpt: 23/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/09/2024	Firehouse Subs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.68	1600 W Rosedale St
		Fort Worth, TX 76104
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
		Staff Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Davisa nama
	10/22/2024	Payee name Fiverr.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.09	460 Park Avenue South
		New York, NY 10022
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media Graphic Design
		Social Media Graphic Besign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/18/2024	GRAPEVINE CHAMBER OF COMMERCE
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 200 Vine Street
	\$100.00	200 Ville Street
		0 : 70.7074
		Grapevine, TX 76051
	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
		Donation to Grapevine Young Professionals
		Domailon to Grapovino Foung Frondsolvina
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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: Sch: 7/24 Rpt: 24/42	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 09/30/2024	5 Payee name Galaxy Cafe
6	Amount (\$) \$89.88	7 Payee address; City; State; Zip Code 1000 W Lynn St
8	PURPOSE OF EXPENDITURE	Austin, TX 78703  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/27/2024	Payee name Google
	Amount (\$) \$48.60	Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy  Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  G Suite
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/01/2024	Payee name Google
	Amount (\$) \$2.05	Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  G Suite
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By 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: Sch: 8/24 Rpt: 25/42	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
	•	
4	Date	5 Payee name
	10/15/2024	Graduate Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.31	1901 W Southlake Blvd
		Suite 100
		Southlake, TX 76092
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
		Constituent Coffee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	10/17/2024	Greater Keller Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	420 Johnson Rd
		Ste 301
		Keller, TX 76248
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Chamber Event Fee
		Shambar Evaluer as
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	10/21/2024	Greater Keller Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	420 Johnson Rd
		Ste 301
		Keller, TX 76248
	PURPOSE	Tax.
	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
		Women in Business Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
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)

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 26/42	Capriglione, Giovanni S. (The Honorable)	00065973
4	Date	5 Payee name	•
	10/16/2024	HOBBY-LOBBY #256	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.18	2115 W Southlake Blvd	
		Southlake, TX 76092	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
		'	Plastic Frame, etc. for GOTV Event
_	Complete ONL V if direct	Condidate/Officeholder name Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	10/01/2024	Hilton Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$247.10	500 East 4th Street	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			C/OH: Travel to Austin (lodging)
			(
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	-1	
	Date	Payee name	
	10/03/2024	Hilton Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$241.97	500 East 4th Street	
	¥2.2.0.	233 181 281331	
		Austin, TX 78701	
	DUDDOCE	·	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) I  Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver Out or district	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 10/24 Rpt: 27/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/22/2024	Home Depot - Bee Caves
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.84	3600 Ranch Road 620 S
		Bee Cave, TX 78738
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  Light Bulbs for Office Lamps
		Light Builds for Office Earnps
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/01/2024	Impact Signs & Graphics
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	541 Industrial Blvd
	Ψ10Z.00	OFF Industrial Biva
		Grapevine, TX 76051
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Signs & Stakes
L	Operation ONLY & Street	Our file to 10 ff as hald a group of the same to the s
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/16/2024	Impact Signs & Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,407.25	541 Industrial Blvd
		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Signs & Stakes
		Campaign Signs & Stakes
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 11/24 Rpt: 28/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/24/2024	Install Connect Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	505 W State St
		Garland, TX 75040
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Signs / Placement
		Signo / Flacomont
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	5.	
	Date	Payee name
L	09/30/2024	JP Morgan Chase
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1700 E Southlake Blvd
		Southlake, TX 76092
	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
		Bank Fee
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
L	10/17/2024	Keller Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	532 Keller Pkwy
		Keller, TX 76248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Lions Club Sponsorship - BBQ
<u> </u>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

### 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 12/24 Rpt: 29/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/22/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,589.65	1115 Kinney Avenue
		Unit 5
		Austin, TX 78704
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
		HD 98 Text Message
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/01/2024	Lone Star Executive Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,157.00	312 W Northwest Hwy
	•	, and the second se
		Grapevine, TX 76051
	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  Campaign Office Rent
		Campaign Office Nent
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/18/2024	McKinney VIP Transport Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	425 ROGER GRAVES CIR
		McKinney, TX 75072
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Overflow Transport for GOTV Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
l		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatalana Oliver	<u> </u>	
1	Total pages Schedule F1:		
L	Sch: 13/24 Rpt: 30/42	Capriglione, Giovanni S. (The Honorable) 00065973	
4	Date	5 Payee name	
	10/01/2024	Moonshine Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$140.06	303 Red River St,	
	¥=		
		Auctin TV 70701	
		Austin, TX 78701	
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	
		Staff Dinner	
		Stan Brillion	
_	Complete ONLY !! -!!!	Condidate/Officeholder name Office assists Office assists	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	10/22/2024	Morgan Meyer for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$774.98	3838 Oak Lawn Avenue	
		Dallas, TX 75219	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  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	
		For Campaign Event	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	•	
$\vdash$	Data		
	Date	Payee name	
	10/02/2024	Never Bounce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.99	3690 Orange PI	
		Suite 310	
		Cleveland, OH 44122	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Email List Filtering	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 14/24 Rpt: 31/42	Capriglione, Giovanni S. (The Honorable)  00065973	
4	Date	5 Payee name	
	10/03/2024	Raconteur Media Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,352.03	1717 West Sixth Street	
		Suite 215	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website / Digital Advertising	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/15/2024	SOUTHLAKE CHAMBER OF COMMERCE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	1501 Corporate Cir #100	
		#100	
		Southlake, TX 76092	
		To.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Event Expense	
		Event Expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/27/2024	Staples Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.82	200 N Kimball Ave	
		#200	
		Southlake, TX 76092	
		1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Toner / Printer paper	
		Toner / Finter paper	
_	Complete Chilly 'C. "	Condidate/Officeholder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense Even
Accounting/Banking Fees
Consulting Expense Food.
Contributions/ Donations Made By - Gift/A

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	·
1	Total pages Schedule F1: Sch: 15/24 Rpt: 32/42	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date	5 Payee name
	10/02/2024	Starbucks #6347
6	Amount (\$) \$13.53	7 Payee address; City; State; Zip Code 1403 Main St S  Keller, TX 76248
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  Constituent Coffee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2024	Summer Moon Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1004 Keller Pkwy
		#104
		Keller, TX 76248
	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  Constituent Coffee
		Constituent Conee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Summer Moon Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.30	1004 Keller Pkwy
		# <u>1</u> 04
		Keller, TX 76248
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent Coffee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 16/24 Rpt: 33/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/27/2024	Sweetgreen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.49	200 West 2nd Street
		Austin, TX 78701
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
		Office Lunch
		3.1100 <u>2</u> .1101
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/04/2024	Sweetgreen
H	Amount (\$)	Payee address; City; State; Zip Code
	\$69.66	200 West 2nd Street
		Austin, TX 78701
	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
		Office Lunch
		3.1100 <u>2</u> .1101
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/16/2024	Sweetgreen
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$100.61	200 West 2nd Street
		Austin, TX 78701
	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 Office Lunch
		Office Lutteri
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
I		

### 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:	
	Sch: 17/24 Rpt: 34/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
L	10/15/2024	TDCJ Manufacturing & Logistics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.25	8801 S. 1st Street
		Suite 100
Ļ		Austin, TX 78748
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Condidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
l		Donation for Texas Alliance for Life Event - Rocking
		Horse
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		·
	Date	Payee name
L	10/17/2024	Texas Star Golf Course
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.50	1400 Texas Star Pkwy
l		= L = TV = 20 to
L		Euless, TX 76040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/6	<u></u>
	Date	Payee name
	10/17/2024	The Feedstore BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,508.30	530 S White Chapel Blvd
		Courtelle TV 70000
L		Southlake, TX 76092
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for GOTV Event
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/24 Rpt: 35/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	09/27/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$186.30	300 State St
		Southlake, TX 76092
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
		Shipping / Stamps
		Gilipping / Giampo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/24/2024	Verizon Wireless
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.36	2221 E Southlake Blvd
	φ134.30	
		Ste 340
		Southlake, TX 76093
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Cell Phone
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/17/2024	WalMart
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.91	101 N Tarrant Pkwy
	, -	,
		North Richland Hills, TX 76182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Office Supplies
ldash	Operation Chilly III	Openhalte Office halden and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
1		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/24 Rpt: 36/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/19/2024	Wayfair
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.00	4 Copley Place
		Boston, MA 02116
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 Office Lamps
		Since Lamps
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
	10/24/2024	Payee name Wayfair
		Wayfair
	Amount (\$)	Payee address; City; State; Zip Code
	\$246.78	4 Copley Place
		Boston, MA 02116
	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 Office Lamps
		Office Lamps
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	10/09/2024	Payee name Winewood Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.85	1265 S Main St
		Grapevine, TX 76051
	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.
		Constituent Lunch
		Sonsatuoni Euron
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services	Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	)
ᆫ				le explains how to co	ompi	ete this form.	_			
1	Total pages Schedule F1:			, Honoroblo)			3	Filer ID	(Ethics Commission	Filers)
L	Sch: 20/24 Rpt: 37/42	Capriglione	e, Giovanni S. (The	e Honorable)				00065973		
4	Date	5 Payee name	?							
	10/26/2024	Winred								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$14.36	1776 Wilso	n Blvd							
		Arlington, \	/A 22200							
Ļ		_	7A 22209		1					
8	PURPOSE OF	,	See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Fees						ide of Texas. Com , officeholder living		
						Interchange F			i experise	
						ge .				
Ļ	Complete ONII V if direct	Condidate/Of	Finahaldar nama	Office cou	ıabt			Office he	ald.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	agni			Office he	eiu	
L	· 									
	Date	Payee name	)							
	10/18/2024	Winred								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$26.66	1776 Wilso	n Blvd							
		Arlington, \	/A 22209							
H	PURPOSE				(h)	Description				
	OF		See Categories listed at the	top of this schedule)	(1)	Description  Check if travel	outsi	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Fees						, officeholder living		
						Interchange F	=ee	es		
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>ı</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н			Ū					
H	Date	Dove nome								
	10/17/2024	Payee name Winred	<b>;</b>							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$10.26	1776 Wilso	n Blvd							
		Arlington, \	/A 22209							
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees	-	,		Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE							, officeholder living	expense	
1						Interchange F	-ee	es		
L										
1	Complete ONLY if direct		ficeholder name	Office sou	ught			Office he	eld	
Ĺ	expenditure to benefit C/OI	П								
1										

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
			The Instruction Guide exp	Diains now to co	mpie	ete tnis form.				
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 21/24 Rpt: 38/42	Capriglione	, Giovanni S. (The Ho	norable)				00065973		
4	Date	5 Payee name								
	10/15/2024	Winred								
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode					
	\$2.05	1776 Wilso	n Blvd							
		Arlington, V	'A 22209							
8	PURPOSE	(a) a :			(h)	Description				
ľ	OF	(a) Category (S	ee Categories listed at the top of	this schedule)	(6)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	rees				브		officeholder living	•	
						Interchange F	=ee	s		
9	Complete ONLY if direct		ceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	10/14/2024	Winred								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$8.21	1776 Wilso		, ,						
	,									
		Arlington, V	/A 22200							
	DUDDOGE		A 22209		(I-X					
	PURPOSE OF		ee Categories listed at the top of	this schedule)	(a)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE	Fees				<b>=</b>		officeholder living		
						Interchange F			,	
						ŭ				
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	4								
<b>—</b>	Date	Payee name								
	10/13/2024	Winred								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	nde					
	\$7.88	1776 Wilso		ciaic, zip cl	Juc					
	Ψ1.00	1770 Wilso	ii biva							
			·							
		Arlington, V	A 22209							
	PURPOSE OF	· ·	ee Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Fees							plete Schedule T.	
						Interchange F		officeholder living	j expense	
						intercriainge i				
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	labt			Office he	ald	
	expenditure to benefit C/O		CONTROL HAITIE	Office 500	igrit			Onice H	Jiu -	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 22/24 Rpt: 39/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/08/2024	Winred
6	Amount (\$) \$1.97	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Arlington, VA 22209
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Interchange Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	Winred
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.41	1776 Wilson Blvd
		Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel a utilide of Taylor Camplete Schedule T
	EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Interchange Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2024	Winred
	Amount (\$) \$24.61	Payee address; City; State; Zip Code 1776 Wilson Blvd
		Arlington, VA 22209
	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  Interchange Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 23/24 Rpt: 40/42	Capriglione, Giovanni S. (The Honorable)	00065973
4	Date	5 Payee name	
	10/03/2024	Winred	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.76	1776 Wilson Blvd	
		Arlington, VA 22209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  nterchange Fees
		· ·	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	10/02/2024	Winred	
	Amount (\$) \$48.34	Payee address; City; State; Zip Code 1776 Wilson Blvd	
	φ40.34	1770 WIISOTI BIVU	
		Audio esta a MA 20000	
		Arlington, VA 22209	
	PURPOSE OF		Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees L	Check if dayer dustide of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		   Ir	nterchange Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	09/28/2024	Winred	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.05	1776 Wilson Blvd	
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ir	nterchange Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

#### 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

	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: 24/24 Rpt: 41/42	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	10/11/2024	Winred
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.05	1776 Wilson Blvd
		Arlington, VA 22209
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
		Interchange Fees
		interoritating i cos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/09/2024	Winred
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7.88	1776 Wilson Blvd
		Arlington, VA 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.
		Check if Austin, TX, officeholder living expense  Interchange Fees
		intercritating i cos
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/30/2024	Zero Bounce
H	Amount (\$)	Payee address; City; State; Zip Code
	\$64.00	10 E Yanonali St
	,,,,,,,	
		Santa Barbara, CA 93101
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Email List Filtering
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 42/42 Capriglione, Giovanni S. (The Honorable) 00065973 Date Payee name 10/20/2024 Budget 6 Amount (\$) Payee address; City; State; Zip Code \$279.75 617 E Dallas Rd Reimbursement from political contributions intended Grapevine, TX 76051 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense Rental Vehicle for Sign Placement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH