CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00084566		38			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	Ms.	Carvana			10/29/2024	
		NICKNAME	LAST		SUFFIX	1	
			Cloud			Date Hand-delivered or [Dato Bostmarkod
4	ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hariu-delivered of t	Date Posimarkeu
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		X 30th day before election	15th day after cam	paign treasurer			
			appointment (office	• •		Date Processed	•
		8th day before election	Final Report (Attac				
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
		07/01/2024	ТНКОООН	09/26/2024			
6	EXPLANATION OF C						
	Updated remaining lo	an amount to reflect chang	e made to remove iten	ns outside of reporting	period from price	or report	
7	AFFIDAVIT						
				ear, or affirm, under po correct.	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
				Semiannual reports	e. Lewear or	affirm that the origin	al report
			Ш	was made in good fa			
				misrepresent the info	ormation contain	ned in the report.	
			[V]	Other reports: Is	swoor or offirm	that I am filing this o	corrected
			X	report not later than			
				that the report as ori			
				swear, or affirm, that filed was made in go		iission in the report a	as originally
				9-			
					Ms. Carvana	Cloud	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	nand and seal of office	9.		
	Ciamatura -f -f"	or administrator	Deinted server of	fficer administration	th -	Fitto of officer - decided	otoring a sth
	Signature of office	er administering oath	Printed name of o	fficer administering oat	tn T	Fitle of officer admini	stering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084566 38 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Carvana NAME Date Received **ELECTRONICALLY FILED** 10/29/2024 NICKNAME LAST **SUFFIX** Cloud CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 850 West Little York Road MAILING Amount Receipt # **ADDRESS** Suite B Change of Address Houston, TX 77091 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Quinniece NAME NICKNAME LAST **SUFFIX** Chambers STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 2311 Cezanne Cir **ADDRESS** (Residence or Business) Missouri City, TX 77459 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 312-8508 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

District Judge District 488

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 38

13 C / OH NAME	Cloud, Carvana (Ms.)	14 Filer ID (00084566	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00			
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 8,512.33			
EXPENDITURE TOTALS	NDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 13,550.01			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 540.59			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 4,578.85			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the acc	companying report is to be reported by me			
		Ms.	Carvana Cloud				
		Signature of	Candidate or Officehol	der			
AFFIX NO	ΓARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVLK 3	4 of 38		
	Clou		rvana (Ms.)	19 Filer ID 00084566	(Ethics Co	ommission Filers)
ı		EDULE E OF S	SUB ⁻	TOTAL AMOUNT		
	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)				\$	8,512.33
	2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
	3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
	4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	13,550.01
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$	
	9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
	10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/18 Rpt: 5/38
2	FILER NAME Cloud, Carva	ana (Ms.)			1	Filer ID (Ethics Commission Filers) 00084566
4	Date 08/07/2024	5 Full name of contributor Aguayo, Carlos6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Humble, TX 77396				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney Attorney					
10	10 Contributor's employer/law firm Aguayo Law PLLC				oouse	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T .	Amount of Contribution (\$)
	08/29/2024 Bankett, Stephanie Contributor address; City; State; Zip Code				\$25.00	
	Cambuilaritarila	Houston, TX 77069		Constributoulo Joh Title		
	Real Estate	Principal Occupation		Contributor's Job Title		
		employer/law firm		Real Estate Agent Law firm of contributor's sp	201101	a (if one)
		gage & Realty Inc		Law littl of contributors sp	Jouse	s (II ally)
_	•	s a child, law firm of parent(s) (if	· any)			
	ii contributor i	s a cilliu, law litti oi paretii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/13/2024	Below, Christina	_			\$50.00
	Contributor address; City; State; Zip Code Rosenberg, TX 77469					
\vdash	Contributor's F	Principal Occupation		Contributor's Job Title		
	Accounts Receivable Manager Accounts Receivable M			lana	ger	
	Contributor's employer/law firm Law firm of contributor's sp			oouse	e (if any)	
	Red Bull					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/18 Rpt: 6/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 09/06/2024	5 Full name of contributor Berg, Thomas6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
_		Houston, TX 77007		T		
8		Principal Occupation		9 Contributor's Job Title		
<u> </u>	Lawyer					<i>(1)</i>
10	10 Contributor's employer/law firm Self 11 Law firm of contributor's sp				oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/16/2024 Broadnax, Desiree Contributor address; City; State; Zip Code				\$25.00	
		Houston, TX 77049				
		Principal Occupation		Contributor's Job Title		
	Manager			Manager		
	HCDA	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/01/2024	Brown, Amos	out or state () to (is mi			\$100.00
Contributor address; City; State; Zip Code Houston, TX 77090			-			
	Contributor's I	rincipal Occupation		Contributor's Job Title		
	Sales			Sales		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Company					
	If contributor is	s a child, law firm of parent(s) (if	fany)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/18 Rpt: 7/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 08/18/2024	5 Full name of contributor Brown, Errol6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$47.00
		Pearland, TX 77584				
8		Principal Occupation		9 Contributor's Job Title		
L	N/A N/A					
10	10 Contributor's employer/law firm N/A 11 Law firm of contributor's sp				oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/12/2024 Budwine, Kirsten Contributor address; City; State; Zip Code				\$25.00	
L	Contributorio	Manvel, TX 77578		Contributor's Job Title		
	Lawyer	Principal Occupation		Lawyer		
	-	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/23/2024 Cloud, Carvana Contributor address; City; State; Zip Code			\$2,550.00		
_	Contributor's I	Houston, TX 77091 Principal Occupation		Contributor's Job Title		
	Attorney	ппсіраї Оссарацоп		Attorney		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					· · · · ·
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/18 Rpt: 8/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 09/26/2024	5 Full name of contributor Cloud, Carvana6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$400.00
		Houston, TX 77091				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	LO Contributor's employer/law firm Self 11 Law firm of contributor's sp			oous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/30/2024 Cloud, Carvana Contributor address; City; State; Zip Code				\$700.00	
		Houston, TX 77091		_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Self	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/28/2024	Cloud, Carvana	<u> </u>			\$53.27
		Contributor address; City; Houston, TX 77091	State; Zip Code			
Г	Contributor's F	Principal Occupation		Contributor's Job Title	-	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/18 Rpt: 9/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 08/19/2024	5 Full name of contributor Clouston, Rosemarie6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$25.00
		Wilmington, DE 19801				
8		Principal Occupation		9 Contributor's Job Title		
	Consultant			Consultant		
10	LO Contributor's employer/law firm Self 11 Law firm of contributor's sp				oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	07/09/2024 Daughtry, Deavra Contributor address; City; State; Zip Code				\$213.05	
	Contributorio	Houston, TX 77037 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/18/2024	Dixon, Carlondria Contributor address; City;				\$50.00
		Spring, TX 77382				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Mortgage Inspector Mortgage Inspector					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 6/18 Rpt: 10/38
2	FILER NAME Cloud, Carva			3 Filer ID (Ethics Commission Filers) 00084566
4	Date 08/18/2024			7 Amount of Contribution (\$) \$47.00
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title	
	Community Impact Director Community Impact Director		ector	
10		employer/law firm Inity Of Faith Church	11 Law firm of contributor's sp	
12		s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID	#:)	Amount of Contribution (\$)
	07/03/2024 Dutton:Williams, Virginia Contributor address; City; State; Zip Code Houston, TX 77092			\$25.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Retired		Retired	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	Retired			
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
	07/03/2024	Eakin, Elizabeth		\$100.00
		Contributor address; City; State; Zip Code Houston, TX 77092		
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	Harris Coun	ty		
	If contributor i	s a child, law firm of parent(s) (if any)	-	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/18 Rpt: 11/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 09/26/2024	5 Full name of contributor Falender, Allie6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$25.00
		Houston, TX 77005				
8		Principal Occupation		9 Contributor's Job Title		
	Retired Retired					
10	.0 Contributor's employer/law firm				oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/18/2024 Frizell, Elizabeth Contributor address; City; State; Zip Code				\$50.00	
		Dallas, TX 75203				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		of the same
	Burt Barr & A	employer/law firm		Law firm of contributor's sp	Jous	se (II arry)
		s a child, law firm of parent(s) (i	f any)			
	ii continuator i	o a crima, law iirir or parcrit(o) (i	, any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/18/2024	GOOCH, LORI				\$47.00
		Contributor address; City; HUMBLE, TX 77346	State; Zip Code			
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Harris count	y				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/18 Rpt: 12/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 07/03/2024	5 Full name of contributor Genet, Peggy6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Houston, TX 77083				
8		Principal Occupation		9 Contributor's Job Title		
_	Retired Retired					
10	LO Contributor's employer/law firm NA 11 Law firm of contributor's sp				oous	se (if any)
12		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , , ,	,			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	08/18/2024 Gordy, Walt				\$50.00	
		Contributor address; City;	State; Zip Code		1	
		,	, p			
		Houston, TX 77047				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Analyst			Analyst		
	-	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Phillips 66					
		s a child, law firm of parent(s) (i	f any)	I.		
			• •			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/31/2024	Grant, Allena	_	·		\$100.00
		Contributor address; City;	State: Zip Code		1	
		, ,,	<i>,</i> ,			
		Stafford, TX 77477				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Program Coordinator Program Coordinator					
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)	
	BridgeYear					
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIC	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	o complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/18 Rpt: 13/38
2	FILER NAME Cloud, Carva	FILER NAME Cloud, Carvana (Ms.)			3 Filer ID (Ethics Commission Filers) 00084566
4	Date 08/19/2024			7 Amount of Contribution (\$) \$50.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1
	Sales			Sales	
10	Contributor's of MESG Grou	employer/law firm p		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	O8/24/2024 Grant, Kenneth Contributor address; City; State; Zip Code Stafford, TX 77477			\$50.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Sales	molpai Goodpation		Sales	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Mesg Group				
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	08/12/2024 Griffin, Kathryn Contributor address; City; State; Zip Code Houston, TX 77004		\$100.00		
	Contributor's F	Principal Occupation		Contributor's Job Title	-
	Ht Director			Ht Director	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
		y constable Prect 1			
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/18 Rpt: 14/38	
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566	
4	Date 08/30/2024	5 Full name of contributor HERRON, DELISE	Full name of contributor		7	Amount of Contribution (\$) \$50.00	
		Houston, TX 77088					
8	Contributor's F	or's Principal Occupation 9 Contributor's Job Title RETIRED					
10		employer/law firm SON CANCER HOSPITAL	oous	se (if any)			
12		s a child, law firm of parent(s) (i	f any)				
	Date Full name of contributor out-of-state PAC (ID#:) 07/05/2024 Hamilton, Nicole Contributor address; City; State; Zip Code					Amount of Contribution (\$) \$100.00	
	Missouri City, TX 77459						
	Real estate	Principal Occupation		Contributor's Job Title Real estate developer			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>			
	Date 09/22/2024	–				Amount of Contribution (\$) \$250.00	
		Spring, TX 77379		T			
	Contributor's Finance	Principal Occupation		Contributor's Job Title Finance			
	Contributor's employer/law firm Law firm of contributor's s					se (if any)	
	Excelerate E	Energy					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•			

	MONET	ARY POLITICAL	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/18 Rpt: 15/38	
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566	
4	Date 08/19/2024	5 Full name of contributor		7	Amount of Contribution (\$) \$50.00		
		Houston, TX 77012					
8		Principal Occupation	9 Contributor's Job Title				
	Public safety		Public safety				
10	Contributor's e City of Hous	employer/law firm ton	11 Law firm of contributor's sp	oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	07/02/2024 Irvin, Laverne Contributor address; City; State; Zip Code					\$50.00	
	Houston, TX 77088						
	Contributor's Principal Occupation Contributor's Job Title						
	Retired			Retired			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)	
	08/18/2024	Jefferson, Tiffany	U out-of-state FAC (ID#.			\$100.00	
Contributor address; City; State; Zip Code Houston, TX 77091							
_	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Law enforce	ment		Law enforcement			
	Contributor's employer/law firm Law firm of contributor's s					se (if any)	
	City of Hous	ton Houston Police Dept					
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/18 Rpt: 16/38	
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566	
4	Date 08/26/2024	5 Full name of contributor Jones, Barbara6 Contributor address; City;			7	Amount of Contribution (\$) \$100.00	
		Houston, TX 77080					
8		Principal Occupation	9 Contributor's Job Title				
_	Owner		Owner 11 Law firm of contributor's sp				
10	BiLiteracy So	employer/law firm olutions	oous	se (If any)			
12		s a child, law firm of parent(s) (i	f anv)				
		, , , , , , , , , , , , , , , , , , , ,	,				
F	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	09/16/2024 Joseph, Kina Contributor address; City; State; Zip Code					\$10.00	
		Pasadena, TX 77504					
	Contributor's Principal Occupation Contributor's Job Title						
	Medical Rec	ords Tech		Medical Records Tech			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Dept.of Vete	rans Affairs					
	If contributor is	s a child, law firm of parent(s) (i	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/26/2024	Kenton, Delores				\$100.00	
		Contributor address; City;	State; Zip Code				
		Houston, TX 77020					
	Contributor's F	Principal Occupation		Contributor's Job Title	_		
	Retired Retired						
	Contributor's employer/law firm Law firm of contributor's s					se (if any)	
Retired							
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/18 Rpt: 17/38	
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566	
4	Date 08/12/2024	5 Full name of contributor Knight Wright, Mia6 Contributor address; City;	Knight Wright, Mia Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		Missouri City, TX 77459					
8		Principal Occupation	9 Contributor's Job Title Director				
_	Director			77			
10		employer/law firm Dak Baptist Church	oou	se (if any)			
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1			
F	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	08/19/2024 Lackey, Holt Contributor address; City; State; Zip Code					\$100.00	
		Austin, TX 78753					
	Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oou	se (if any)	
		ackey, PLLC					
	If contributor is	s a child, law firm of parent(s) (i	t any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/19/2024	Lewis, Chelsea	_			\$50.00	
Contributor address; City; State; Zip Code Porter, TX 77365							
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Teacher Teacher						
	Contributor's employer/law firm Law firm of contributor's s					se (if any)	
	HISD						
	If contributor is	s a child, law firm of parent(s) (i	f any)	•			

	MONET	ARY POLITICAL C	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 14/18 Rpt: 18/38
2	FILER NAME Cloud, Carva				3 Filer ID (Ethics Commission Filers) 00084566
4	Date 08/16/2024	 5 Full name of contributor Manuel, Carla 6 Contributor address; City; St New Caney, TX 77357 		7 Amount of Contribution (\$) \$50.00	
8	Contributor's I	Terincipal Occupation	9 Contributor's Job Title		
	Analyst		Analyst		
10	Contributor's of HCSO	employer/law firm	11 Law firm of contributor's sp	pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if a	ny)	L	
	Date	Full name of contributor	Amount of Contribution (\$)		
08/18/2024 McGaskey, Jessica Contributor address; City; State; Zip Code			out-of-state PAC (ID#:_ ate; Zip Code		\$47.00
	Houston, TX 77028 Contributor's Principal Occupation Contributor's Job Title				<u> </u>
				Bartender	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
	Cyclone				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	If contributor i	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/20/2024 McGuire, Tennie Contributor address; City; State; Zip Code Houston, TX 77014				\$25.00 	
	Contributor's I	Principal Occupation		Contributor's Job Title	•
Business Analyst Busines				Business Analyst	
				Law firm of contributor's sp	pouse (if any)
	Cameron				
	If contributor i	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	ages Schedule A(J)1 5/18 Rpt: 19/38	:
2	FILER NAME	ME				(Ethics Commission	on Filers)
	Cloud, Carv	ana (Ms.)			00084	566	
4	Date 07/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Potter, Jacqueline 6 Contributor address; City; State; Zip Code		7 Amoun	at of Contribution (\$)	\$250.00		
		Humble, TX 77346					
8	Contributor's Principal Occupation Retired 9 Contributor's Job Title Retired						
10		employer/law firm ton Police Dept	spouse (if any	/)			
12		s a child, law firm of parent(s) (if any)	1			
E	Date	Full name of contribute			Δ μα σ	at of Contribution (f)	
	Date 09/10/2024	Full name of contributor Randall, Allison	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	\$100.00
Contributor address; City; State; Zip Code							\$100.00
		, ,	, p. 1.1.1				
		Washington, DC 20009					
		Principal Occupation	Contributor's Job Title				
	Public Policy			Public Policy	nouse (if on	۸	
	Federal Gov	employer/law firm rernment		Law firm of contributor's s	spouse (ii aii)	()	
_		s a child, law firm of parent(s) (if anv)				
		- u ,	,				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	07/03/2024	SENEGAL, CHRISTOP	_			()	\$100.00
		Contributor address; City;	State; Zip Code				
		Houston, TX 77021					
		Principal Occupation		Contributor's Job Title			
	Developmer		Development				
Contributor's employer/law firm Invictus Law firm				Law firm of contributor's s	spouse (if any	/)	
		s a child, law firm of parent(s) (if any)				
	ii continuator i	s a ciliu, law lilili of parelil(s) (ii aiiy)				

	MONET	ARY POLITICAL	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 16/18 Rpt: 20/38
2	FILER NAME Cloud, Carva	ana (Ms.)			3	Filer ID (Ethics Commission Filers) 00084566
4	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:) Shepard, E Kay Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$47.00	
		Houston, TX 77019				
8		Principal Occupation		9 Contributor's Job Title		
L	Retired Retired 0 Contributor's employer/law firm 11 Law firm of contributor's					
10	Na Na	employer/law firm	oous	e (if any)		
12		s a child, law firm of parent(s) (if	any)			
	- ii donandator ii	o a orma, law mm or parom(o) (ii	u.,,,			
H	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)
	07/03/2024 Shepard, Eulundia Kay Contributor address; City; State; Zip Code				<u> </u> 	\$101.01
		Houston, TX 77019				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Na If contributor i	s a child, law firm of parent(s) (if	anyl			
	ii contributor i	s a criliu, iaw iiriri or parerii(s) (ii	arry			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/25/2024	Sinclair, Natasha				\$200.00
Contributor address; City; State; Zip Code						
	Contributor's F	Bellaire, TX 77401 Principal Occupation		Contributor's Job Title		
	Attorney	molpai Occupation		Attorney		
	Contributor's employer/law firm Law firm of contributor's s					e (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	al pages Schedule A(J)1: h: 17/18 Rpt: 21/38	
2	FILER NAME Cloud, Carva	ana (Ms.)			1	er ID (Ethics Commission 084566	n Filers)
4	Date 08/30/2024	_ `			ount of Contribution (\$)	\$500.00	
		Houston, TX 77002					
8		Principal Occupation	9 Contributor's Job Title				
_	Attorney Attorney						
10	Contributor's 6 Slider Law F	employer/law firm iirm	oouse (if	any)			
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	I .			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	07/31/2024 Stinson, Rachel Contributor address; City; State; Zip Code						\$100.00
	Houston, TX 77055						
	Attorney	Principal Occupation		Contributor's Job Title Attorney			
_		employer/law firm		Law firm of contributor's sp	nouse (if	anv)	
	Wright Close	, ,		Law min or contributor 5 of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u.iy)	
		s a child, law firm of parent(s) (i	f any)	L			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	08/12/2024 Terrell, Leticia Contributor address; City; State; Zip Code Houston, TX 77014					\$25.00	
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Sr. Police Telecommunicator Sr. Police Telecommunicator						
	Contributor's employer/law firm Law firm of contributor's s					any)	
City of Houston							
	If contributor is	s a child, law firm of parent(s) (i	f any)	•			

	MONET	ARY POLITICAL		SCHEDULE A(J)1					
	The Instru	ction Guide explains ho	w to complete this f	orm.		ges Schedule A(J): /18 Rpt: 22/38	1:		
2	FILER NAME Cloud, Carva	ana (Ms.)				(Ethics Commiss	ion Filers)		
4	Date 08/18/2024					of Contribution (\$)	\$500.00		
		Indianapolis, IN 46278							
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•				
	Healthcare A	Admin		Healthcare Admin					
10		employer/law firm		11 Law firm of contributor's s	pouse (if any)				
_	IU Health								
12	If contributor i	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	Amount	of Contribution (\$)					
	09/10/2024	ray, jon r					\$100.00		
		Contributor address; City; S Houston, TX 77002	State; Zip Code						
Contributor's Principal Occupation Contributor's Job Title									
	retired retired								
	Contributor's of	employer/law firm		Law firm of contributor's spouse (if any)					
	If contributor i	s a child, law firm of parent(s) (if	any)	I					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	EII ED NIAME						3	Filer ID	(Ethics Commission Filers)
•	Sch: 1/16 Rpt: 23/38	 								00084566	(=0.000 001111110010111111010)
		$oxed{igspace}$	Cloud, Carv	ana (IVIS.)						00004300	
4	Date	5	Payee name								
	09/03/2024	1	ABC Canva	ssing							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de				
	\$3,710.00		•	cipation Ave		•					
	. 2,1 = 3.30	1									
			Haveton T	/ 7700 <i>4</i>							
			Houston, T	. 77004		.					
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ages/Contract La	abor			=			nplete Schedule T.
								_	, TX,	officeholder livin	g expense
								Canvassing			
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									
	Date		Payee name								
	09/05/2024		Bay Area D	emocrats							
\vdash	Amount (\$)	\vdash	Payee addre		State:	; Zip Co	de				
	\$150.00		,	, ,,	Jiaie,	, Zip C0	ac				
	Φ130.00	1	1215 Bay A	ica bivu							
			Houston, TX	K 77058							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Ma	ide By	, l		_	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE						—	Check if Austin, TX, officeholder living expense			
								Donations			
L											
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld
	expenditure to benefit C/OI	Н									
H	Date	Π	Payee name								
	09/03/2024		Boost Mobil	e							
		_				 : -					
	Amount (\$)	1	Payee addre	•	State;	; Zip Co	de				
	\$143.59	1	3834 Aldine	Mail Route							
		1									
			Houston, TX	< 77039							
	PURPOSE	(a)	Category (e.	ee Categories listed at th	ne ton of this sch	edule)	(b)	Description			
	OF	 ` '		head/Rental Exp		caule)	. ,		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		J50 0 VOI					Check if Austin	, TX,	officeholder livin	g expense
								Campaign Ph	non	е	
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld
	expenditure to benefit C/OI						-				
L											
_											

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: 2/16 Rpt: 24/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	07/29/2024	Campaign Partner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.00	PO Box 118
		Still River, MS 01467
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 Website Fee
		Website i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Davis same
	Date	Payee name
	08/28/2024	Campaign Partner
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	PO Box 118
		Still River, MS 01467
	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 Website Fee
		Website Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/26/2024	Campaign Partner
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.00	PO Box 118
		Still River, MS 01467
	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 Website Fee
		Website i ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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: 3/16 Rpt: 25/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	07/01/2024	Cloud, Carvana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.66	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Repayment
		Louit Repayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
07/01/2024		Cloud, Carvana
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.76	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Repayment
		Louittepaymont
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/08/2024	Cloud, Carvana
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.18	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Loan Repayment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L			The Instruction Guide exp	lains how to co	mplete this form.				
1	Total pages Schedule F1:	2 FILER NA	ME			3 File	r ID	(Ethics Commission Filers)	
	Sch: 4/16 Rpt: 26/38	Cloud, C	arvana (Ms.)			000	084566		
4	Date	5 Payee na	me						
	07/22/2024	Cloud, C							
6	Amount (\$)	7 Payee ad		State; Zip Co	nde				
٥	\$45.00	1	ST LITTLEYORK RD	State, Zip Ct	oue				
	Φ45.00		SI LIIILETORK RD						
		Suite B							
		Houston	TX 77091						
8	PURPOSE	(a) Category	(See Categories listed at the top of	his schedule)	(b) Description				
	OF EXPENDITURE		payment/Reimbursement		I 			plete Schedule T.	
	ZA ZADITORZ				ı –	stin, TX, office	holder living	expense	
					Loan Repa	yment			
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ıght		Office he	eld	
	Date	Payee na	me						
	07/23/2024	Cloud, C	arvana						
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode				
	\$170.00	850 WES	ST LITTLEYORK RD	•					
	, - 25	Suite B							
			TV 77001						
_			TX 77091		I.a.,				
	PURPOSE OF		(See Categories listed at the top of		(b) Description	ral austri-1- 1	Tayon 0-	plata Cabadula T	
	EXPENDITURE	Loan Re	payment/Reimbursement	•	ı <u>—</u>	el outside of stin, TX, office		plete Schedule T.	
					Loan Repa		molder living	гелрепас	
						,			
\vdash	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	<u>l</u> ıaht		Office he	eld	
	expenditure to benefit C/O		CCONORGO HARMO	S.1100 300	.9		J.1100 110	····	
\vdash	<u> </u>								
	Date	Payee na							
L	08/26/2024	Cloud, C	arvana 						
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode				
	\$175.00	850 WES	ST LITTLEYORK RD						
		Suite B							
		Houston	TX 77091						
_	PURPOSE				(b) Description				
	OF		(See Categories listed at the top of payment/Reimbursement)		l <u>—</u>	el outside of	Texas. Com	plete Schedule T.	
	EXPENDITURE	Loan Re	paymentineiiiibuiseiileiii	•		stin, TX, office			
					Loan Repa				
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıght		Office he	eld	
	expenditure to benefit C/OI				-				

SCHEDULE F1

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

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	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: 5/16 Rpt: 27/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	08/29/2024	Cloud, Carvana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Loan Repayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Date	Payee name
	09/12/2024	Cloud, Carvana
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	850 WEST LITTLEYORK RD
	Ψ100.00	
		Suite B
		Houston, TX 77091
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/13/2024	Cloud, Carvana
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.84	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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: 6/16 Rpt: 28/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	09/13/2024	Cloud, Carvana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	850 WEST LITTLEYORK RD
		Suite B
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Loan Repayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/Ol	the state of the s
	Date	Payee name
	07/22/2024	Culture Measures
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	1601 Industrial Blvd
		Sugarland, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/26/2024	Culture Measures
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	1601 Industrial Blvd
		Sugarland, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Fees
		Consulting Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 29/38	Cloud, Carvana (Ms.)		00084566
4	Date	5 Payee name		<u> </u>
	09/10/2024	Cyclone Anaya's Tex-Mex Kitchen		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$75.08	309 Gray St STE 111		
		Houston, TX 77002		
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 Meals
				ivicais
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ıaht	Office held
ľ	expenditure to benefit C/O		agiit	Cince Held
⊨	Date	Payee name		
	07/03/2024	Goode Company		
	Amount (\$)	Payee address; City; State; Zip Ci	ahe	
	\$45.41	5109 Kirby Dr	Jue	
	Ψ+3.+1	3103 Kilby Di		
		Houston, TX 77098		
	DUDDOCE		(h)	5
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	FOOU/Develage Expense		Check if Austin, TX, officeholder living expense
l				Meals
L				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ught	Office held
L	experialitate to benefit C/O	1		
	Date	Payee name		
	09/26/2024	Houston Black Democrats		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,000.00	5300 Griggs Rd		
		Houston, TX 77021		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee		Donations
l				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught	Office held
	expenditure to benefit C/O		-	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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: 8/16 Rpt: 30/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	07/15/2024	Intuit Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
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 Marketing Platform
		Walketing Flationin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	08/14/2024	Intuit Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	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 Marketing Platform
		Walketing Flationii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/16/2024	Intuit Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Marketing Platform
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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		mmittee L	Legal Services	Sa		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction Gu	ilde explains how	to con	nple	ete this form.	_			_
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/16 Rpt: 31/38		Cloud, Carva	ana (Ms.)						00084566		
4	Date	5	Payee name									
	07/30/2024		Lyft									
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	ip Coc	de					
	\$9.01		185 Berry St	reet								
			Suite 5000									
			San Francis	co, CA 94107								
8	PURPOSE	(a)	Category (See	e Categories listed at the	ne ton of this schedule	a) ((b)	Description				_
	OF	 ` ´		on Equipment A		,	` ,	:	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Expense					Check if Austin	, TX,	officeholder living	g expense	
								Transportatio	n			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Offic	e soug	ght			Office h	eld	
	experiulture to beliefit C/Oi	1										
	Date		Payee name									
	07/31/2024		Lyft									
	Amount (\$)		Payee addres	s; City;	State; Zi	ip Coc	de					
	\$10.93		185 Berry St	reet								
			Suite 5000									
			San Francisc	co, CA 94107								
	PURPOSE	(a)	Category (See	e Categories listed at th	ne top of this schedule	e) ((b)	Description				
	OF EXPENDITURE			on Equipment A	And Related			_			nplete Schedule T.	
			Expense					_		officeholder living	g expense	
								Transportatio)			
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Offic	e soug	ht			Office h	old.	_
	expenditure to benefit C/OI		Sandidate/Onic	cholder hame	Onic	c soug	jiic			Office II	Ciu	
-	Data	_										=
	Date 09/11/2024		Payee name									
			Lyft	0	0 7.							_
	Amount (\$)		Payee addres	-	State; Zi	ip Coc	эе					
	\$19.09		185 Berry St	reet								
			Suite 5000									
			San Franciso	co, CA 94107		_						
	PURPOSE OF	(a)		e Categories listed at th		e) ((b)	Description				
	EXPENDITURE			on Equipment A	And Related					de of Texas. Com officeholder living	nplete Schedule T.	
			Expense					Transportatio		onicendider living	y expense	
									••			
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	_
	expenditure to benefit C/OI				21110		,			200 11		
-												-
1												

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 10/16 Rpt: 32/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	09/12/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.31	185 Berry Street
		Suite 5000
		San Francisco, CA 94107
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	185 Berry Street
		Suite 5000
		San Francisco, CA 94107
	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
		Transportation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.05	185 Berry Street
		Suite 5000
		San Francisco, CA 94107
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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: 11/16 Rpt: 33/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	09/25/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.84	185 Berry Street
		Suite 5000
		San Francisco, CA 94107
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 Transportation
		Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/24/2024	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,060.00	11730 Wilcrest Dr
	42,000.00	11760 Wildingt B1
		Houston, TX 77009
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		O.g.i.s
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	Ninfas Original
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.07	2704 Navigation Blvd
		Houston, TX 77003
	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
		Meals Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 12/16 Rpt: 34/38	2 FILER NAME Cloud, Carvana (Ms.)	3 Filer ID (Ethics Commission Filers) 00084566
4	Date 07/29/2024	5 Payee name OfficeMax Depot	00001000
6	Amount (\$) \$56.82	7 Payee address; City; State; Zip Code 1576 W Gray S Houston, TX 77019	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	d Office held
	Date 07/31/2024	Payee name OfficeMax Depot	
	Amount (\$) \$69.54	Payee address; City; State; Zip Code 1576 W Gray S	
		Houston, TX 77019	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 09/23/2024	Payee name OfficeMax Depot	
	Amount (\$) \$17.32	Payee address; City; State; Zip Code 1576 W Gray S	
		Houston, TX 77019	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 13/16 Rpt: 35/38	2 FILER NAME Cloud, Carvana (Ms.)	3 Filer ID (Ethics Commission Filers) 00084566
4	Date 07/31/2024	5 Payee name PayPal	·
6	Amount (\$) \$49.98	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
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 Transaction Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/31/2024	Payee name PayPal	
	Amount (\$) \$83.88	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
	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 Transaction Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/26/2024	Payee name PayPal	
	Amount (\$) \$27.43	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fee
	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 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	ll 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: 14/16 Rpt: 36/38	Cloud, Carvana (Ms.) 00084566
4	Date	5 Payee name
	08/05/2024	Pleasant Grove Missionary Baptist Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	2801 Conti St
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 3.1.4.13.13
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2024	Road Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1800 Sul Ross
	Ψ30.00	1000 3011(033
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Political Subscription
	Commiste ONLY if divest	Constitute / Office helds no year.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	D :	
	Date	Payee name
	07/03/2024	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$318.70	13742 Harper Street
		Santa Ana, CA 92703
	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
		Communication Service
	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
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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 15/16 Rpt: 37/38	Cloud, Carvana (Ms.)		00084566				
4	Date	5 Payee name		•				
	08/05/2024	Scale to Win						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$75.32	13742 Harper Street						
		Santa Ana, CA 92703						
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 Communication Service				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held				
	expenditure to benefit C/O		·9···					
-	Date	Payee name						
	09/05/2024	Scale to Win						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$268.32	13742 Harper Street						
		Santa Ana, CA 92703						
	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	The state of the s		Check if Austin, TX, officeholder living expense				
				Communication Service				
	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		<u> </u>	0" 111				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ignt	Office held				
	Date	Payee name						
	08/15/2024	The Women's Resource of Greater Houston						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$150.00	13100 Northwest Fwy Ste 130						
		Houston, TX 77040						
	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				
		Candidate/Officeriolder/Political Committee		Donations				
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u>	Office held				
	expenditure to benefit C/O		-					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 16/16 Rpt: 38/38	Cloud, Carvana (Ms.)		00084566	
4	Date	5 Payee name		•	
	07/08/2024	Third Moon Strategies			
6	Amount (\$)	7 Payee address; City; State; Zip Code	е		
	\$425.00	20 Elderwood Drive			
		Houston, TX 77058			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORE			Composing Assistant	
				Campaign Assistant	
9	Complete ONLY if direct	Candidate/Officeholder name Office soud	ht	Office held	
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	H	Office field	
_	Data				
	Date	Payee name			
	07/15/2024	Third Moon Strategies			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$250.00	20 Elderwood Drive			
		Houston, TX 77058			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b)	Description	
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Campaign Assistant	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OH				
	Date	Payee name			
	07/22/2024	Third Moon Strategies			
	Amount (\$) Payee address; City; State; Zip Code				
	\$425.00	20 Elderwood Drive			
		Houston, TX 77058			
	PURPOSE		b)	Description	
	OF	Salaries/Wages/Contract Labor	~,	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Campaign Assistant	
			_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	ht	Office held	