CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00020971		2 Total pages	filed: 201
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Judith			Date Received	
						CALLY FILED
	NICIONALE				01/15/2025	O/LET TIEED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Zaffirini				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 627					
ADDRESS					Receipt #	Amount
Change of Address	Laredo, TX 78042-0627					
🖳					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Guadalupe		WII		
NAME	IVII.	Guadalupe				
	NIO(ALANE			OLIETIV		
	NICKNAME	LAST Castillo		SUFFIX		
		Casillo				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	Γ / SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS	1407 Washington Street					
(Residence or Business)						
	Laredo, TX 78040					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER		IE NUMBER E	EXTENSION			
PHONE	(956) 724-8355					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after	campaign treasurer
		_ ′		L		officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
				reporting infint		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	24	
		·				
10 ELECTION	ELECTION DATE	<u>_</u>		ELECTION TYPE		
	Month Day Year	∐ ^P	rimary	Runoff	Other	
		□□G	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Senator District 21			State Senator	,	
	1			1		
		00-	O DAGE 6			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 201

13 C / OH NAME	Zaffirini, Judith (The I	Honorable)	14 Filer ID (E 00020971	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 I officeholders are required to report this information	the candidate's or officel	nolder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 255.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 464,322.00						
EXPENDITURE TOTALS		\$ 10,812.46								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 328,173.43						
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,071,957.78						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		The Hon	orable Judith Zaffirini							
			Candidate or Officehold	er						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
of										
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath									

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 201

					3 01 201
18 FI	LER NAN	1E	19 Filer ID	(Ethi	cs Commission Filers)
Za	affirini, J	udith (The Honorable)	00020971		
		SUBTOTALS			SUBTOTAL AMOUNT
N/	AME OF	SCHEDULE		_	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	453,682.00
2.	X	\$	10,640.00		
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	249,915.50	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	78,257.93
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	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	13,630.10

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/47 Rpt: 4/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_	Dringing Loggy	Austin, TX 78768	O Employer (Con Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_AT&T Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/21/2024	Full name of contributor X out-of-state PAC (ID#: CABOUTH ABOUTH)		Amount of Contribution (\$)	\$1,000.00
		Abbott Park, IL 60064				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor X out-of-state PAC (ID#: C0033570) 11/12/2024 Acadian Ambulance Texas Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	LaFayette, LA 70509 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Boone, Humphries, Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	NS .		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/47 Rpt: 5/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/08/2024	 Full name of contributor out-of-state PAC (ID# Alvarez, Diego Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$)	\$5,000.00
8	Dringinal accu	Laredo, TX 78041 pation / Job title (See Instructions)	la.	Employer (See Instructions	·/-		
<u> </u>	Manager	oation / Job title (See instructions)	9	Infinito Global Logistics	•)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID# Amato, Charles E. Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$1,000.00
	Dringing! aggs	San Antonio, TX 78216-4459	_	Employer (Coo Instructions	<u></u>		
	Chair	pation / Job title (See Instructions)		Employer (See Instructions Southwest Business Co			
	Date 11/18/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00	
	Dringing! goog	Chicago, IL 60631 pation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	Fillicipal occu	Jalion / Job lilie (See instructions)		Employer (See instructions)		
	Date 10/18/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu Vice Preside	Boerne, TX 78015 pation / Job title (See Instructions) nt		Employer (See Instructions Ancira Auto Group	<u> </u> 5)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID# Apache Corporation PAC Contributor address; City; State; Zip Code Houston, TX 77042	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/47 Rpt: 6/201	
2	FILER NAME Zaffirini, Jud	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/22/2024	5 Full name of contributorApex Clean Energy, Inc F6 Contributor address; City; St		_	7	Amount of Contribution (\$)	\$1,500.00
		Charlotsville, VA 22902					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor Associated Builders & Co Contributor address; City; Si)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions	3)	Employer (See Instructions	?) 		
	T morpar occu	panon / cob uno (coo mondono).	,,	Employer (God moradulers	-,		
	Date 08/23/2024	Full name of contributor Associated General Contributor address; City; Si				Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Asurion PAC Contributor address; City; Si Nashville , TN 37203	x out-of-state PAC (ID#: C	000450916)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 07/16/2024	Full name of contributor Atlas, Scott Contributor address; City; Si Houston, TX 77002	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Legal Consu	pation / Job title (See Instructions Itant	s)	Employer (See Instructions Self employed	s)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 4/47 Rpt: 7/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/17/2024	 Full name of contributor ou ou BNSF RAILPAC Contributor address; City; State; Zi 	t-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Fort Worth, TX 76161 pation / Job title (See Instructions)	او	Employer (See Instructions			
	i illicipal occa	pation 7 000 title (Oce mondenons)		Employer (dee mandedona	,		
	Date 11/01/2024	Full name of contributor ou BPA PAC Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/01/2024	Full name of contributor x out-of-state PAC (ID#: C00943489) Bank of America PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
		Wilmington, DE 19808					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/12/2024	Full name of contributor ou Barret, Daniel Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Barret Insurance Service			
	Date 07/31/2024	Full name of contributor ou Beck, David Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney/Par	pation / Job title (See Instructions)		Employer (See Instructions Beck, Redden, LLP)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/47 Rpt: 8/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/03/2024	 Full name of contributor out-of-state PAC (ID# Beer Alliance of Texas PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	i illicipal occu	pation / oob title (oce mandetions)	5 Employer (See mondonic	3)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Bickerstaff Heath Delgado Acosta LLP Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	i illopai occa	pation / oob title (oce mandetions)	Employer (See mondons	3)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID# Blackridge Contributor address; City; State; Zip Code	f:)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID# Borchers, Celita Contributor address; City; State; Zip Code Bulverde, TX 78163	<u>.</u>)		Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#Borchers, Valerie R. Contributor address; City; State; Zip Code Bulverde, TX 78163			Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			<u>'</u>			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/47 Rpt: 9/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/02/2024	 Full name of contributor out-of-state PAC (ID#:_Bracewell PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)	9 Employer (See Instructions	 - ;)		
	·		, , ,			
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Brentwood Public Affairs Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_Bresnen, Steven Green or Amy E Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu Owners	pation / Job title (See Instructions)	Employer (See Instructions Bresnen Associates	;)		
	Date 08/10/2024	Full name of contributor out-of-state PAC (ID#:_Briones, Leslie Contributor address; City; State; Zip Code Houston, TX 77256)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Pct 4 Comm	pation / Job title (See Instructions) ssioner	Employer (See Instructions Harris County	5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_Cammack & Strong, P.C. Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL COI	NTRIBUTION:	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form).	1	Total pages Schedule A1: Sch: 7/47 Rpt: 10/201		
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)	
4	Date 10/01/2024	 5 Full name of contributor			7	Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77002	1-					
8	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions BC Global LP)			
	Date 09/19/2024	Full name of contributor X of Centene Corporation PAC Contributor address; City; State; 2 St. Louis, MO 63105	out-of-state PAC (ID#: <u>C003</u> Zip Code	97051)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 12/01/2024	Full name of contributor				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Houston, TX 77210 pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 11/18/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00	
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions Chanderbhan Psycholog		al Services		
	Date 10/21/2024	Chang, April Nicole	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)			
			1					

	MONET	Struction Guide explains how to complete this form.					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.			Total pages Schedule A1: Sch: 8/47 Rpt: 11/201			
2	FILER NAME Zaffirini, Jud	ith (The Honorable)					Filer ID (Ethics Commission 00020971	on Filers)		
4	Date 11/23/2024	5 Full name of contributor Charter Communications,6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$5,000.00		
		Austin, TX 78701								
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See	Instructions)	5)				
	Date 12/13/2024	Full name of contributor Chelette, TOWAPAC Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$200.00		
	Dringing aggr	Bridge City, TX 76611		Employer (Coo	Instructions					
	Executive Di	pation / Job title (See Instructions rector	5)	Employer (See TOWA	instructions))				
	Date 10/03/2024	Full name of contributor Chevron Employees PAC Contributor address; City; Si)		Amount of Contribution (\$)	\$2,000.00		
	Principal occu	San Ramon, CA 94583 pation / Job title (See Instructions	s)	Employer (See	Instructions)	i)				
	Date 10/18/2024	Full name of contributor Chubb Group Holdings In Contributor address; City; S Philadelphia, PA 19106		00348938)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See	Instructions)	()				
	Date 10/08/2024	Full name of contributor Comcast Corporation & N Contributor address; City; S Philadelphia, PA 19103					Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See	Instructions)	5)				

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/47 Rpt: 12/201		
2	FILER NAME Zaffirini, Jud	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)	
4	Date 12/03/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 09/05/2024	Full name of contributor x out-of-state PAC (ID#: C ConocoPhillips SPIRIT PAC Contributor address; City; State; Zip Code	00112896	•	Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Bartesville, OK 74004 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 10/18/2024	Full name of contributor	00793711)	•	Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)			
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Corte, Frank Contributor address; City; State; Zip Code San Antonio, TX 78269			Amount of Contribution (\$)	\$500.00	
	Principal occu Managing Pa	pation / Job title (See Instructions) artner	Employer (See Instructions Capitol Chairman's Allia		e, LLC		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Crum, Gary T. and Sylvie Contributor address; City; State; Zip Code Houston, TX 77019)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			
		-					

	MONET	ARY POLITICAL C	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/47 Rpt: 13/201	
2	FILER NAME Zaffirini, Jud	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/05/2024	5 Full name of contributorDobson, Sean6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78746					
8	Principal occu CEO	pation / Job title (See Instructions)		9 Employer (See Instructions Amherst	s)		
	Date 10/15/2024	Full name of contributor EYE-PAC of the Texas Op Contributor address; City; Sta Austin, TX 78701				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 11/12/2024	Full name of contributor Earl & Associates Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/25/2024	Full name of contributor Enterprise Holdings, Inc. F Contributor address; City; Sta		00219642		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/27/2024	Full name of contributor Exxon Mobil PAC Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/47 Rpt: 14/201		
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)	
4	Date 09/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Fasken Management L.L.C. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10,000.00	
_		Midland, TX 79707					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_Faust, Tena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Houston, TX 77027 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Animal Advo		Self-employed				
	Date 09/03/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00	
		Houston, TX 77004					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self-employed)			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Fontaine, Terence Contributor address; City; State; Zip Code Houston, TX 77004			Amount of Contribution (\$)	\$500.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self-employed)			
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of the TTU System PAC Contributor address; City; State; Zip Code Lubbock, TX 79409)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/47 Rpt: 15/201		
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)	
4	Date 12/12/2024	 Full name of contributor out-of-state PAC (ID#:_ Friends of the University PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00	
_		Austin, TX 78763					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Funds Available for Involved Reporters Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Athens, TX 75751 upation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gallagher, Von Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Dringinal occu	Anna, TX 75409 upation / Job title (See Instructions)	Employer (See Instructions				
	Owner	pation 7 300 title (See instructions)	Gallagher Construction		mpany		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Galo, John and Anna Contributor address; City; State; Zip Code Laredo, TX 78041)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Ranchers	pation / Job title (See Instructions)	Employer (See Instructions Self-employed)			
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_Garver, C.M. Contributor address; City; State; Zip Code Houston, TX 77098			Amount of Contribution (\$)	\$5,000.00	
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions C. M. Garver Construction				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/47 Rpt: 16/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/12/2024	5 Full name of contributor Garza, Rudy6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_		San Antonio, TX 78258	1.	2.5.1.6.1.1			
8	CEO	pation / Job title (See Instructions)		9 Employer (See Instructions CPS Energy	5)		
	Date 10/17/2024	Full name of contributor General Motors Company P Contributor address; City; State		00076810)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)		Employer (See Instructions) ;)		
	Date 08/14/2024	Full name of contributor Gilliam, Lance Contributor address; City; State Houston, TX 77098	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Waterman Steele Real I	•	ate Advisors	
	Date 11/12/2024	Full name of contributor Gilliland, Jr, Lukin T. Contributor address; City; State San Antonio, TX 78209	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Self-employe	pation / Job title (See Instructions)		Employer (See Instructions Investor	5)		
	Date 09/03/2024	Full name of contributor Glickman, Julius Contributor address; City; State Houston, TX 77019	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/47 Rpt: 17/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 07/25/2024	5 Full name of contributorGlobal Medical Response6 Contributor address; City; S			7	Amount of Contribution (\$)	\$1,000.00
		Greenwood Village, CO 8					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Grace & McEwan Consul Contributor address; City; S)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)		
	Date 09/11/2024	Full name of contributor Graham, Bob Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instruction:	s)	Employer (See Instructions	<u> </u> 5)		
	Date 12/02/2024	Full name of contributor Greenberg Traurig, P.A., Contributor address; City; S Albany, NY 12207		000266585		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>(</u>		
	Date 12/11/2024	Full name of contributor Gregory, Bob E. Contributor address; City; S Austin, TX 78747	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions Texas Disposal Systems			
				<u>.</u>			

	MONET	ARY POLITICAL (SCHEDULE A				
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/47 Rpt: 18/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/20/2024	5 Full name of contributor Guerra Jr., Heriberto6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,500.00
_		San Antonio, TX 78264	. 1-				
8	Principal occu Chair/CEO	pation / Job title (See Instructions	s) 9	Employer (See Instructions Avanzar Interior Techno		ies	
	Date 11/12/2024	Full name of contributor Gutierrez, Hugo Contributor address; City; S				Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Retired	panon / cob ano (coo mondono)		Retired	<i>.</i> ,		
	Date 12/03/2024	Full name of contributor HOMEPAC OF TEXAS Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 11/01/2024	Full name of contributor HOSPAC - STATE Contributor address; City; States Austin, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>l</u> s)		
	Date 10/28/2024	Full name of contributor HS Law PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this for	rm.	1	Total pages Schedule A1: Sch: 16/47 Rpt: 19/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/01/2024	5 Full name of contributor Haney, Casey6 Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	· · ·	Austin, TX 78704	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 1 (0 1 1 1	Ĺ		
8	Lobbyist	pation / Job title (See Instruction:	9	Employer (See Instructions Blakemore Public Affair			
	Date 11/07/2024	Full name of contributor Harle, Sidney L Contributor address; City; S				Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78205 pation / Job title (See Instructions	s)	Employer (See Instructions	 - s)		
	Judge			Retired			
	Date 12/03/2024	Full name of contributor Hausenfluck, Amber Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu Lobbyist	pation / Job title (See Instructions	5)	Employer (See Instructions Texas Public Affairs	5)		
	Date 10/07/2024	Full name of contributor Herrera Jr, Frank Contributor address; City; S San Antonio, TX 78232	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	5)		
	Date 12/03/2024	Full name of contributor Howard Energy Partners Contributor address; City; S San Antonio, TX 78256				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>. </u>		
			1				

	MONET	ARY POLITICAL CON	S	SCHEDULE A1			
	The Instru	ction Guide explains how to co	mplete this forn	1.	1	Total pages Schedule A1: Sch: 17/47 Rpt: 20/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/03/2024	5 Full name of contributor out- Howard, Robert M.6 Contributor address; City; State; Zip			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Consultant	oalion / Job tille (See instructions)		Self-employed)		
	Date 11/14/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions			
	i illicipai occu	oddon 7 300 title (See matucions)		Employer (See manuchons	,		
	Date 12/02/2024	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	\$750.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out- Incline PAC Contributor address; City; State; Zip Austin, TX 78701	of-state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/18/2024	Full name of contributor 🗵 out- Invenergy Investment Company, Contributor address; City; State; Zip Chicago, IL 60606		137244)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/47 Rpt: 21/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 08/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	9 Employer (See Instructions	 ;)		
	Date	Full name of contributor	1		Amount of Contribution (\$)	
	09/26/2024	JES Holdings LLC-Texas Development PAC Contributor address; City; State; Zip Code			y another of Continuation (c)	\$2,500.00
		Columbia, MO 65203				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: JLN III Holdings, LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Jocelyn Dabeau Government Affairs Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/47 Rpt: 22/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 07/31/2024	5 Full name of contributor out-of-state PAC (ID#:_ Johnson, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4,000.00
_	Daine in all account	Austin, TX 78745	S. Faralana (Garalantina)			
8	Lobbyist	pation / Job title (See Instructions)	9 Employer (See Instructions Self employed)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Eagle Pass, TX 78852 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Laredo Fire-PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Laredo, TX 78041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Legacy 44 Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/47 Rpt: 23/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Lloyd Gosselink Rochelle & Townsend, P.C. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	Deinainal assu	Austin, TX 78701	O Frankrige (Cook hoster astronom			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Locke Lord LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Dringing ago	Dallas, TX 75201	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77019				
	Principal occu Investor	pation / Job title (See Instructions)	Employer (See Instructions Self employed)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Longbow Partners Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_Macon, Jane H. Contributor address; City; State; Zip Code San Antonio, TX 78205-3739)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Bracewell LLP)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/47 Rpt: 24/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Macon, R. Laurence 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		San Antonio, TX 78212				
8	Attorney	ipation / Job title (See Instructions)	9 Employer (See Instructions) The Macon Law Firm)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Marathon Oil Company Employees PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Houston, TX 77056 upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Marquez, Vincent Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Spring, TX 77379				
	Principal occu Developer	ipation / Job title (See Instructions)	Employer (See Instructions) VAM Group LLC)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Mayfield, Kara Mayer Contributor address; City; State; Zip Code Austin, TX 78737)		Amount of Contribution (\$)	\$275.00
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Texas Star Alliance)		
	Date 10/13/2024	Full name of contributor X out-of-state PAC (ID#: 9 McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code Richmond, VA 23219	C00225342)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE A1	
	The Instruc	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 22/47 Rpt: 25/201	=
2	FILER NAME Zaffirini, Judi	ith (The Honorable)				3	Filer ID (Ethics Commission Filers) 00020971	
4	Date 11/27/2024	5 Full name of contributor McRae, Cody A.6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$334.00)
_		Houston, TX 77042	·			Ĺ		_
8	Principal occu Co-owner	pation / Job title (See Instructions	S) S		Employer (See Instructions OmniBase Services of T		as	
	Date 12/03/2024	Full name of contributor Miller, Catherine M. Contributor address; City; Si					Amount of Contribution (\$) \$10,000.00)
	Principal occu	Austin, TX 78703-2217 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		_
	Legislative C		,		Hillco Partners	,		
	Date 11/04/2024	Full name of contributor Mission Business PAC Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$5,000.00)
		Universal City, TX 78148-	1153					
	Principal occu	pation / Job title (See Instructions	5)	l	Employer (See Instructions	5)		_
	Date 11/08/2024	Full name of contributor Mohrer, Katrina Contributor address; City; Si San Antonio, TX 78209	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$500.00	-
	Principal occu Partner	pation / Job title (See Instructions	5)		Employer (See Instructions PMBG Law Firm	5)		
	Date 10/01/2024	Full name of contributor Moncrief, Nancy Contributor address; City; Si Houston, TX 77098	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$1,000.00	=
	Principal occu Real Estate	pation / Job title (See Instructions Agent	5)		Employer (See Instructions Greenwood King Proper		s, Inc	
			l					-

	MONET	MONETARY POLITICAL CONTRIBUTIONS					E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 23/47 Rpt: 26/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/12/2024	5 Full name of contributor Montford, John T.6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	San Antonio, TX 78257 pation / Job title (See Instructions)	اه	Employer (See Instructions			
•	Owner	pation / 300 title (See instructions)	9	JTM Consulting	')		
	Date 12/12/2024	Full name of contributor Morales, Jr., Richard G. Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
	Deinsinal assu	Laredo, TX 78042		Frankrijer (Cookrativistiana	_		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions PMGB Law Firm	5)		
	Date 08/28/2024	Full name of contributor Morin, Thomas M. Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77005					
	Principal occu Publisher/Pro	pation / Job title (See Instructions) esident		Employer (See Instructions Daily Court Review	i)		
	Date 11/08/2024	Full name of contributor Mueller, Lee Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/05/2024	Full name of contributor NACDS PAC Contributor address; City; Sta	x out-of-state PAC (ID#: COC	0022368)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/47 Rpt: 27/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deinainal agai	Austin, TX 78701	O Francis var (Can Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/31/2024	Full name of contributor	L692472)		Amount of Contribution (\$)	\$750.00
	Principal occu	Indianapolis, IN 46268 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ NCHA's Texas Events PAC Contributor address; City; State; Zip Code Fort Worth, TX 76107			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_Nall, Mike Contributor address; City; State; Zip Code Kingwood, TX 77345)		Amount of Contribution (\$)	\$334.00
	Principal occu Co-owner	pation / Job title (See Instructions)	Employer (See Instructions OmniBase Services of T		as	
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ National Association of Social Workers Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 25/47 Rpt: 28/201			
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)		
4	Date 12/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00		
•	Dringing oggu	San Antonio, TX 78238	ام	Employer (See Instructions					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	•)				
	Date 12/01/2024	Full name of contributor out-of-state PAC (IE ONCOR Texas State PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3,500.00		
	Principal occu	Dallas, TX 75202 pation / Job title (See Instructions)		Employer (See Instructions					
	Fillicipal occu	pation / Job title (See Instructions)		Employer (See Instructions	')				
	Date 12/12/2024	Full name of contributor out-of-state PAC (IE Oakley, Ted and Nancy Brazzil Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions	.)				
	Investment n			Self-employed, Oxbow A		risors			
	Date 12/01/2024	Full name of contributor out-of-state PAC (IE Oliva, Saks, Garcia & Curiel, PLLC Contributor address; City; State; Zip Code San Antonio, TX 78216				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Date 09/27/2024	Full name of contributor X out-of-state PAC (IE One Gas, Inc. Pac Contributor address; City; State; Zip Code Tulsa, OK 74103	<u>I</u> D#: <u>C00</u>	0554444)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			1						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/47 Rpt: 29/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/08/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
•	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	,		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ Pediatric Dentists Political Action Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing ago	McKinney, TX 75069	Employer (Coo Instructions)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/25/2024	Full name of contributor X out-of-state PAC (ID#: CONTRIBUTION OF STATE PAC (ID#: CONTRIBUTION	C00423814)		Amount of Contribution (\$)	\$2,000.00
		Wyomissing, PA 19610				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Perrin, Michael Contributor address; City; State; Zip Code Houston, TX 77019)		Amount of Contribution (\$)	\$350.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions) Winstead)		
	Date 10/15/2024	Full name of contributor x out-of-state PAC (ID#: 9 Pfizer PAC Contributor address; City; State; Zip Code New York, NY 10001	C00016683)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/47 Rpt: 30/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/02/2024	 Full name of contributor out-of-state PAC (ID# PharmPAC Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78757	T	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID# Poinsett PLLC Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	oalion 7 300 title (See instructions)	Employer (See instructions	15)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID# Political Action Committee of the Independent Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions) 		
	i illicipai occu	oution / Job title (See manuchons)	Employer (See instructions	13)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID# Populus Financial Group, Inc. Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID# Powers, Robert Contributor address; City; State; Zip Code San Antonio, TX 78209	<u> </u>		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Phoenix Commercial Co		truction	
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	MONET	MONETARY POLITICAL CONTRIBUTIONS					LE A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/47 Rpt: 31/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/09/2024	5 Full name of contributor Provider Coalition for Card6 Contributor address; City; St			7	Amount of Contribution (\$)	\$3,000.00
_	5	Georgetown, TX 78633			_		
8	Principal occu	pation / Job title (See Instructions	(1)	9 Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor Ramirez, Rene Contributor address; City; St				Amount of Contribution (\$)	\$1,000.00
		Edinburg, TX 78539					
	Principal occu Consultant	pation / Job title (See Instructions	(i)	Employer (See Instructions Self employed	s)		
	Date 12/09/2024	Full name of contributor Red Rock Texas PAC Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$4,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/01/2024	Full name of contributor Robertson, Jr., Corbin Contributor address; City; St Houston, TX 77002)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions	s)	Employer (See Instructions Quintana Resources Ho		ng, LP	
	Date 08/13/2024	Full name of contributor Robertson, Lillie Contributor address; City; St Houston, TX 77019				Amount of Contribution (\$)	\$5,000.00
	Principal occu Real estate (pation / Job title (See Instructions developer)	Employer (See Instructions Westview Development			
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	MONET	ARY POLITICAL (CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 29/47 Rpt: 32/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 09/26/2024	5 Full name of contributor Robertson, Wilhelmina E.6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77019	.) la	Employer (See Instructions			
•	Investor	pation / Job title (See Instructions	9	Bald Cypress Ltd.	·)		
	Date 11/25/2024	Full name of contributor Robison, Douglas & Angie Contributor address; City; St			•	Amount of Contribution (\$)	\$2,000.00
		Abilene, TX 79605			Ĺ		
	Principal occu Founder and	pation / Job title (See Instructions I President	;) 	Employer (See Instructions Natura Resources	5)		
	Date 12/13/2024	Full name of contributor Rodriguez, Oscar Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78705					
	Principal occu President	pation / Job title (See Instructions	()	Employer (See Instructions Texas Association of Br		dcasters	
	Date 08/13/2024	Full name of contributor Rogers, Regina Contributor address; City; St Beaumont, TX 77706	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions	(5)	Employer (See Instructions Self-employed	5)		
	Date 11/21/2024	Full name of contributor Rural Friends of Electric C Contributor address; City; St Austin, TX 78701			•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
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	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 30/47 Rpt: 33/201			
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)		
4	Date 11/12/2024	5 Full name of contributor out-of-state PA SALUTE PAC	AC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00		
_	Deignaignal	San Antonio, TX 78249	lo.	Franks van (Caa kratusatiens					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)				
	Date 10/15/2024	Full name of contributor out-of-state PASCOPE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
		Amarillo, TX 79101							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)				
	Date 12/03/2024	Full name of contributor out-of-state PA Sabo, Jason Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78704							
	Principal occu Founder	pation / Job title (See Instructions)		Employer (See Instructions Frontera Strategy	i)				
	Date 10/20/2024	Full name of contributor x out-of-state PA Safelite Group Inc. PAC Contributor address; City; State; Zip Code Columbus, OH 43235	AC (ID#: <u>C00</u>)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 12/03/2024	Full name of contributor out-of-state PA Sampson Public Affairs, LLC Contributor address; City; State; Zip Code Austin, TX 78749-5202	AC (ID#:)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()				
			ı						

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 31/47 Rpt: 34/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/03/2024	 Full name of contributor out-of-state PAC Saxon, Lucinda Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Pflugerville, TX 78660					
8	Principal occu Principal	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Star Alliance	i) 		
	Date 10/21/2024	Full name of contributor out-of-state PAC Schlaudt, Denise-Smith Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Antonio, TX 78231 pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Financ			VIP Title Company	')		
	Date 10/01/2024	Full name of contributor out-of-state PAC Smith, Edgar Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77046					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Smithco, LLC	5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC South Texas Property Rights PAC Contributor address; City; State; Zip Code Falfurrias, TX 78355				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/05/2024	Full name of contributor out-of-state PAC Southern Glazer's PAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701	I (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			l				

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/47 Rpt: 35/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/07/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	T Illicipal occu	pation 7 sob title (see instructions)	2 Employer (See matructions	,		
	Date 10/16/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	San Antonio, TX 78258-3202	Franks var (Caa kastrustia ra			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 07/19/2024	Full name of contributor)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77001				
	Principal occu President/In	pation / Job title (See Instructions) vestor	Employer (See Instructions Stedman West Interests			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Stillwell, Robert L. and Gail Contributor address; City; State; Zip Code Houston, TX 77057			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Strunk, Alice Ball Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$500.00
	Principal occu Vice-Preside	pation / Job title (See Instructions) ent	Employer (See Instructions Devils River Conservance			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/47 Rpt: 36/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 12/12/2024	 Full name of contributor out-of-state PAC (ID#:_ Suttle, Richard Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
_	Dringing! goog	Austin, TX 78701	0 Employer (Co.) Instructions			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Ambrust and Brown)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ TALHI Life Insurance PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TAMFT Family PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TAPTP PAC Contributor address; City; State; Zip Code Helotes, TX 78203)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ TBA Bank Pac-State Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 34/47 Rpt: 37/201
2	FILER NAME	ith (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020971
4	Date 10/02/2024	Full name of contributor		7 Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ TSHP PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Deinsinal assu	Round Rock, TX 78665	Franks on (Cas Instructions	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ TXCPA PAC Contributor address; City; State; Zip Code Dallas, TX 75254)	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Talise Contributor address; City; State; Zip Code Mirando City, TX 78369)	Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/47 Rpt: 38/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commissi 00020971	on Filers)
4	Date 10/09/2024	 Full name of contributor	C00479998)	7	Amount of Contribution (\$)	\$1,000.00
_		Omaha, NE 68154				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Tex-Pipe PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Compassionate Healthcare PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$15,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/47 Rpt: 39/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 09/03/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
_	<u> </u>	Austin, TX 78731				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association for Interior Design PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77269 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
		panon, cos uno (cos menusuone)		,		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/47 Rpt: 40/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/12/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75265				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Assocation PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78704				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Food and Fuel Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Funeral Directors Association PAC Contributor address; City; State; Zip Code Austin, TX 78741)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/47 Rpt: 41/201
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020971
4	Date 12/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Impact CRM PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00
_		Austin, TX 78726			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Developers Association PAC Contributor address; City; State; Zip Code Austin, TX 78768)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions		
	Fillicipal occu	pation / 300 title (3ee instructions)	Employer (See Instructions	<i>,</i>	
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code Austin, TX 78767)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/47 Rpt: 42/201	
2	FILER NAME			3	Filer ID (Ethics Commission 00020971	on Filers)
_		ith (The Honorable)		Ļ		
4	Date 09/25/2024	 Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code)	/	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/01/2024	Texas Mortgage Bankers PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024	Texas Nurse PAC Contributor address; City; State; Zip Code				\$2,000.00
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/03/2024	Texas Optometric PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor)		Amount of Contribution (\$)	
	11/18/2024	Texas Podiatric Medical Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/47 Rpt: 43/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Psychological PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78757				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Public Employees Association Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2024	Full name of contributor			Amount of Contribution (\$)	\$4,500.00
	<u> </u>	Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee Contributor address; City; State; Zip Code Austin, TX 78702			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Speech Language-Hearing Association F Contributor address; City; State; Zip Code Austin, TX 78701	PAC		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/47 Rpt: 44/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)		3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 09/24/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78703-1806				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Texas State Association of Fire Fighters PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Wide Telephone Cooperative Inc. P Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Towing and Storage Association PAC Contributor address; City; State; Zip Code The Woodlands, TX 77386			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Travel Alliance PAC Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/47 Rpt: 45/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/11/2024	5 Full name of contributorTexas Trial Lawyers Asso6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 08/27/2024	Full name of contributor The Chickasaw Nation Contributor address; City; S	x out-of-state PAC (ID#: C	C90007923)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Ada, OK 74820 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Date 10/04/2024	Full name of contributor The Home Depot Inc. PA Contributor address; City; S Washington, DC 20004		000284885		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/02/2024	Full name of contributor The Texas State Universi Contributor address; City; S Austin, TX 78701)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/29/2024	Full name of contributor Thomas, Ralph B Contributor address; City; S Houston, TX 77057	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$5,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 43/47 Rpt: 46/201	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	San Antonio, TX 78214 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	President			MPII, Inc.			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Touchstone Political Action Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/24/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: Tracy, Charles G. Contributor address; City; State; Zip Code Houston, TX 77005			•	Amount of Contribution (\$)	\$334.00
	Principal occu Co-owner	pation / Job title (See Instructions)		Employer (See Instructions OmniBase Services of		as	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Trone, Robert Contributor address; City; State; Zip Code Bethesda , MD 20817				Amount of Contribution (\$)	\$2,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Total Wine & More	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/47 Rpt: 47/201	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 08/15/2024	 Full name of contributor Tx. Chiropractic Associati Contributor address; City; S)	7	Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	;) 	9 Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor TxANA PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	 - s)		
	Date 09/03/2024	Full name of contributor USAA Employee PAC Contributor address; City; S San Antonio, TX 78288	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>I</u> S)		
	Date 09/06/2024	Full name of contributor Union Pacific Corporation Contributor address; City; S Washington, DC 20005			•	Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 11/12/2024	Full name of contributor Valadez Jr., Ramiro Contributor address; City; S San Antonio, TX 78216	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions Ramstin GP, L. L. C	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/47 Rpt: 48/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 10/25/2024	5 Full name of contributorValero PAC6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78269					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 11/12/2024	Full name of contributor Van de Putte, Leticia Contributor address; City; S			•	Amount of Contribution (\$)	\$2,500.00
	Dringing agg	San Antonio, TX 78201		Employer (See Instructions	<u>,,</u>		
	Political cons	pation / Job title (See Instructions sultant	5)	Andrade-Van de Putte	>)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:) Verizon Communications Inc. Good Government Club-Texas Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 09/23/2024	Full name of contributor Vistra Employee PAC Contributor address; City; S Irving, TX 75039	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor WALGREEN CO PAC Contributor address; City; S Washington, DC 20005-4		(200160770)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS							SCHEDUI	_E A1
	The Instru	ction Guide explains hov	to complete this fo	orn	m.	1	Total pages Schedule A1: Sch: 46/47 Rpt: 49/201	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)				3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 11/12/2024			7	Amount of Contribution (\$)	\$1,000.00		
		Universal City, TX 78148						
8	Principal occu Administrato	pation / Job title (See Instructions r	s) 	9	Employer (See Instructions Westcare	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/21/2024 Weaver, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
	San Antonio, TX 78209 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) CW Interests		<u> </u> ;)					
	Date 07/23/2024				Amount of Contribution (\$)	\$1,000.00		
		Houstson, TX 77055 pation / Job title (See Instruction: Developer	5)		Employer (See Instructions Weekley Properties	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4,000.00		
	Principal occu Real Estate	pation / Job title (See Instruction: Developer	5)		Employer (See Instructions Weekley Properties	5)		
	Date Full name of contributor x out-of-state PAC (ID#:C00034595 10/02/2024 Wells Fargo & Co. Texas Employee PAC Contributor address; City; State; Zip Code Minneapolis, MN 55402			Amount of Contribution (\$)	\$1,000.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			s)				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 47/47 Rpt: 50/201		
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commiss 00020971	ion Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00	
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s) 		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#: Wilson Jr., Welcome Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Houston, TX 77057				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Welcome Group	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: ZACOPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 51/201				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Zaffirini, Jud	lith (The Honorable)	00020971				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution				
12/13/2024	Comanche Statuary		contribution (\$) description \$140.00 Star with lights			
	7 Contributor address; City; State; Zip Code	I				
		l i				
	Larada TV 79040		_			
10 Dringing age	Laredo, TX 78040 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOD NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)			
10 Principal occi	spation / Job title (FOR NON-JODICIAL) (See instructions)	11 Employer (FOR NON	-JODICIAL) (See Institutions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
11/12/2024	McFadin III, Nick and Sandy Saks		\$4,500.001 Fundraiser catering and			
	Contributor address; City; State; Zip Code		flowers			
			į			
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	· —			
Partner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	McFadin Foundation	, and the second			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
07/01/2024	Zaffirini Sr., Carlos M.		contribution (\$) description \$1,000.00 Headquarters			
	Contributor address; City; State; Zip Code		J.,000.001 Headquarters			
			<u> </u>			
	Laredo, TX 78040	T	Check if travel outside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	,			
Attorney	rein single accounting (FOR HIDIOIAL)	Zaffirini and Castill				
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	or's spouse (if any) (FOR JUDICIAL)				
	•		•			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A2: Sch: 2/3 Rpt: 52/201				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Zaffirini, Jud	lith (The Honorable)	00020971				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution				
08/01/2024	Zaffirini Sr., Carlos M.	contribution (\$) description				
	7 Contributor address; City; State; Zip Code	\$1,000.00 Headquarters				
			!			
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	N-JUDICIAL) (See instructions)			
Attorney		Zaffirini and Castill	lo			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of ! In-kind contribution			
09/01/2024	Zaffirini Sr., Carlos M.		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$1,000.00 Headquarters			
	Contributor address, City, State, Zip Code		į			
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Attorney		Zaffirini and Castill	lo			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
	,		,			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	, , , , , , , , , , , , , , , , , , , ,					
Data	Full name of contributor Quit-of-state PAC (ID#:		Amount of . In-kind contribution			
Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Zaffirini Sr., Carlos M.)	contribution (\$) description			
10/01/2024			\$1,000.00 Headquarters			
	Contributor address; City; State; Zip Code					
	Laredo, TX 78040		Charlette of Tarre Complete School of T			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)			
Attorney	Apation 7 dob title (1 dr. 11dr 1 dd Blow 12)	Zaffirini and Castill	,			
	principal occupation (FOR JUDICIAL)	Contributor's job title				
Contributor 3	principal occupation (i or obbiolize)	Contributor 3 Job title	(I OK JODICIAL) (See instruction)			
Contributoria	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
Continuators	employer/law IIIII (FOR JUDICIAL)	Law IIIII OI COIIIIDUI	oi a apouse (ii aiiy) (FOR JODICIAL)			
If constribe at a mile	is a shild law firm of parent(s) (if are) (FOD 31 DICIAL)					
ii contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
I						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 53/201 3 Filer ID (Ethics Commission Filers) FILER NAME Zaffirini, Judith (The Honorable) 00020971 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/01/2024 Zaffirini Sr., Carlos M. \$1,000.00 | Headquarters 7 Contributor address; City; State; Zip Code Laredo, TX 78040 Check if travel outside of Texas. Complete Schedule T. **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo Attorney 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 12/01/2024 Zaffirini Sr., Carlos M. \$1,000.00 | Headquarters Contributor address; City; State; Zip Code Laredo, TX 78040 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Zaffirini and Castillo Attorney Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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

	Contributing 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: 1/39 Rpt: 54/201	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	07/01/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,644.90	P.O. Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses reported herein.
Ļ	Operation ONLY if all part	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/12/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,073.29	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment for campaign services reported
		herein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/01/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,989.03	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses
		reported herein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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		Legal Services The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above))
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission	Filers)
	Sch: 2/39 Rpt: 55/201	l	dith (The Honorable	!)				00020971		·
4	Date	5 Payee name								
	08/12/2024	American E	express							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$5,276.20	P.O. Box 6	50448							
		Dallas, TX	75265							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	Payment			므		de of Texas. Com		
						_		officeholder living	paign expenses	
						reported here		nent for can	ipaigii experises	
9	Complete ONLY if direct		ceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	09/02/2024	American E	xpress							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$8,435.70	P.O. Box 6	50448							
		Dallas, TX	75265							
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	Payment			=		de of Texas. Com		
						_		officeholder living	paign services re	norted
						herein	ауі	nent for can	ipaigii services re	porteu
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	T								
	Date	Payee name								
	10/11/2024	American E	xpress							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$7,301.73	P.O. Box 6	50448							
		Dallas, TX	75265							
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	Payment					de of Texas. Com		
						_		officeholder living	npaign expenses	
						reported here		ment for car	ilpaigii expelises	
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	<u>l</u> ıaht			Office he	eld	
	expenditure to benefit C/O			200 000	5			C00 TR		
l										

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: 3/39 Rpt: 56/201	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	10/02/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,764.24	P.O. Box 650448
		Dallas, TX 75265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses
		reported herein
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	_	
	Date	Payee name
	09/12/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,844.65	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Credit Card Payment
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card payment for campaign expenses reported herein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/01/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,004.63	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment for campaign services reported
		herein
\vdash	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 -

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: 4/39 Rpt: 57/201	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	11/13/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,189.39	P.O. Box 650448
		Dallas, TX 75265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment for campaign expense
		reported herein
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/26/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,603.73	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment for campaign expense
		reported herein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/13/2024	American Express
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$5,130.44	P.O. Box 650448
	φο,100.11	110120000110
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Credit Card payment for campaign expenses reported herein
	Complete ONLY if alice -	
	Complete <u>ONLY</u> 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 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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 5/39 Rpt: 58/201	Zaffirini, Judith (The Honorable)		00020971
4	Date	5 Payee name		
	07/17/2024	Amisse, Thierry		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$4,454.16	1508 Lupine		
		Austin, TX 78741		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense Office furniture
				Office furniture
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
H	Date	Payee name		
	12/17/2024	Anedot Inc.		
┝	Amount (\$)	Payee address; City; State; Zip Co	nda	
l	\$728.50	1340 Polydras St.	ue	
	Ψ120.00	1040 F Olyanas Gt.		
		New Orleans, LA 70112		
┝	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				Processing fees
L				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
L				
l	Date	Payee name		
	10/21/2024	Capitol Inside		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$250.00	P.O. Box 684811		
		Austin, TX 78768		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Subscription
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
Г				

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		
-	Total pages Cabadula 54:		lore)
1	Total pages Schedule F1: Sch: 6/39 Rpt: 59/201	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission File	iers)
4	Date	5 Payee name	
	07/26/2024	CenterPoint Energy	
6	Amount (\$) \$55.75	7 Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters gas bill	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/26/2024	CenterPoint Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.75	P.O. Box 4981	
	DUDDOG	Houston, TX 77210	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyas, Complete Schedule Toyas, Comp	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Headquarters gas bill	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/07/2024	CenterPoint Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.75	P.O. Box 4981	
	400.70		
		Houston, TX 77210	
	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 Headquarters gas bill	
		ricauquaiteis gas pili	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			ĺ

SCHEDULE F1

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

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

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

l	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 Fi	ilers)
l	Sch: 7/39 Rpt: 60/201	Zaffirini, Judith (The Honorable) 00020971	
4	Date	5 Payee name	
	10/31/2024	CenterPoint Energy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$55.75	P.O. Box 4981	
l			
		Houston, TX 77210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Headquarters gas bill	
		The state of the s	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	11/26/2024	CenterPoint Energy	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	\$55.75	P.O. Box 4981	
		Houston, TX 77210	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Headquarters gas bill	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	07/12/2024	City of Laredo Utilities	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$201.16	P.O. Box 6548	
l			
		Laredo, TX 78042	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Headquarters water bill	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash			
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se 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 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 Com	mission Filers)
	Sch: 8/39 Rpt: 61/201	Zaffirini, Judith (The Honorable) 00020971	
4	Date	5 Payee name	
	08/08/2024	City of Laredo Utilities	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$201.16	P.O. Box 6548	
		Laredo, TX 78042	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Headquarters water bill	
		rieauquaiteis water bili	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
┝	Date	Pause same	
l	09/13/2024	Payee name City of Laredo Utilities	
┡			
l	Amount (\$) \$201.16		
	Φ201.10	P.O. 60X 0346	
		Laureda TV 70040	
L		Laredo, TX 78042	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T	
		Headquarters water bill	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	10/07/2024	City of Laredo Utilities	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$201.16	P.O. Box 6548	
l			
		Laredo, TX 78042	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Headquarters water bill	
\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

l	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)
l	Sch: 9/39 Rpt: 62/201	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	11/12/2024	City of Laredo Utilities
6	Amount (\$) \$209.21	7 Payee address; City; State; Zip Code P.O. Box 6548 Laredo, TX 78042
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters water bill
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	12/06/2024	City of Laredo Utilities
	Amount (\$) \$127.73	Payee address; City; State; Zip Code P.O. Box 6548
		Laredo, TX 78042
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters water bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/22/2024	Payee name Covert Ford
	Amount (\$) \$27,000.00	Payee address; City; State; Zip Code 11514 Research Blvd.
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vehicle lease downpayment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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/Politic 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: 10/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
08/07/2024	Dove Springs Proud
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4103 Sojourner. St.
	Austin, TX 78725
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if the late of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship
	Эропзогопір
O Commission ONII V if divers	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	
Date	Payee name
12/31/2024	Eventbrite
Amount (\$)	Payee address; City; State; Zip Code
\$2,992.49	155 5th St., 7th Floor
	San Francisco, TX 94103
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
	Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	T _
Date	Payee name
11/12/2024	Fina's Cooking and Catering
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	111 Delaware St.
	Laredo, TX 78041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Reception
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 Comr 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	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: 11/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	10/23/2024	Firestone Complete Auto Care
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,003.57	1020 San Bernardo Ave
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Tires
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/28/2024	Gray Hawn Photographers
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,390.00	#2 Shadybrook Cove
	7-,	
		Auctin TV 70746
		Austin, TX 78746
	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
		Portraits
		Tordate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Dete	
	Date	Payee name Headliners Club
	07/12/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$664.14	221 W. 6th St., Ste. 2100
		Austin, TX 78767
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	Complete CMIV'S	Condidate (Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	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
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 co	omplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 12/39 Rpt:	Zaffirini, Judith (The Honorable)		00020971	
4 Date	5 Payee name		•	
08/08/2024	Headliners Club			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$691.55	221 W. 6th St., Ste. 2100			
	Austin, TX 78767			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EVENINE UPF	Fees	· — ·	if travel outside of Texas. Comple	te Schedule T.
EXPENDITURE			if Austin, TX, officeholder living ex	pense
		Dues		
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	
Date	Payee name			
09/13/2024	Headliners Club			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$688.55	221 W. 6th St., Ste. 2100			
	Austin, TX 78767			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EXPENDITURE	Fees	. =	if travel outside of Texas. Comple	
		Dues	if Austin, TX, officeholder living ex	pense
		Ducs		
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u>	Office held	
expenditure to benefit C/O		-g	000	
Date	Payee name			
10/15/2024	Headliners Club			
		odo		
Amount (\$) \$688.55	Payee address; City; State; Zip Ci 221 W. 6th St., Ste. 2100	Jue		
Ψ000.55	221 W. Olli St., Ste. 2100			
	Auctin TV 70767			
	Austin, TX 78767	la		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ON if travel outside of Texas. Comple	ta Schadula T
EXPENDITURE	Fees	. =	if Austin, TX, officeholder living ex	
		Dues		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	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 -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	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: 13/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	11/15/2024	Headliners Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$688.55	221 W. 6th St., Ste. 2100
		Austin, TX 78767
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly dues
		including duese
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	12/06/2024	Headliners Club
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$688.57	221 W. 6th St., Ste. 2100
		Austin, TX 78767
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/26/2024	Intuit Quickbooks
H	Amount (\$)	Payee address; City; State; Zip Code
	\$406.30	2700 Coast Ave.
l	Ψ-100.00	2100 000017100.
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
1		Checks reorder
ldash		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	•
<u> </u>		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
L	Sch: 14/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971	
4	Date	5 Payee name	
	07/30/2024	John Doner & Associates, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$32,007.88	1005 Congress Ave., Suite 580	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Consulting Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraising	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
L			_
	Date	Payee name	
	09/03/2024	John Doner & Associates, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,623.38	1005 Congress Ave., Suite 580	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Design and Ads	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OH	ŭ .	
L			_
	Date	Payee name	
	08/01/2024	Jordan, Sharyn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,931.01	608 Bartlett Ave.	
		Laredo, TX 78043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Contract labor	
		Contract labor	
	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	08/06/2024	Jordan, Sharyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,238.01	608 Bartlett Ave.
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
L	Data	
	Date	Payee name
	09/04/2024	Jordan, Sharyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,075.15	608 Bartlett Ave.
		Laredo, TX 78043
	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 TV, officeholder living expanse.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Edition
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/26/2024	Jordan, Sharyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,143.13	608 Bartlett Ave.
	Ψ1,143.13	000 Bartiett Ave.
		Laureda, TV 70040
		Laredo, TX 78043
	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
		Contract Labor
Н	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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	11/15/2024	Jordan, Sharyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.21	608 Bartlett Ave.
		Laredo, TX 78043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/O	
	Date	Payee name
	08/06/2024	Karla Wentworth Interiors
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,528.63	160 Country Lane
		San Antonio, TX 78209
	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 service and travel reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	08/27/2024	Karla Wentworth Interiors
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,029.38	160 Country Lane
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Consulting services
		Consulting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		y - al Com	nmittee	Gift/Awards/Memoria Legal Services	·		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
L		_		The Instruction (oulue explains	110W (O CO	mpie	ete triis form.	_		
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)
	Sch: 17/39 Rpt:	-		lith (The Hono	rable)					00020971	
4	Date	1	Payee name								
	07/30/2024		Lincoln Auto	motive Financ	cial Services						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$925.12		P.O. Box 65	0575							
			Dallas, TX 7	5265							
8	PURPOSE	⊢			t the terr of the con-	o dulc'	(h)	Description			
ľ	OF			e Categories listed at on Equipment			(5)		outsi	ide of Texas. Con	mplete Schedule T.
	EXPENDITURE		Expense	on Equipment	י יווט ויכומנפנ	1		=		, officeholder livin	
			•					Vehicle lease	:		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	08/29/2024	ı	•	motive Financ	cial Services						
	Amount (\$)	\vdash	Payee addres	ss; City;	State;	; Zip Co	de				
	\$1,736.37		P.O. Box 65	0575		-					
	. ,										
			Dallas, TX 7	5265							
_	DUDDOC-	-					/l- \				
	PURPOSE OF			e Categories listed a			(a)	Description	outo:	ido of Toyon Com	mploto Schodulo T
	EXPENDITURE		Transportati Expense	on Equipment	And Related	a		=		, officeholder livin	mplete Schedule T. ng expense
			Evherise					Extra mileage			• • • • •
								9		3	
	Complete ONLY if direct	C	Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI				·		J			J	
⊨	Date	Ι	Dayoo nama								
	09/11/2024	ı	Payee name	motive Financ	rial Sarvicos						
		_				-					
	Amount (\$)	ı	Payee addres		State:	; Zip Co	de				
	\$947.76		P.O. Box 65	0575							
L		L	Dallas, TX 7	5265			_				
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			on Equipment	And Related	t l		=			mplete Schedule T.
			Expense					ш		, officeholder livin	ng expense
								Vehicle lease	:		
	Complete ONII V if allow	Ļ	Sanalida t- 10 m			Office	au la ±			Office 1	المام
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	(Office sou	ynt			Office h	ieiu

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			vices			se s/Contract Labor		OTHER (enter a	trict category not listed ab	ove)
	Credit Card Payment		The Ins	truction Guide ex	plains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FII	LER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 18/39 Rpt:	Za	affirini, Judith (Th	e Honorable)					00020971		
4	Date	5 Pa	ayee name								
	10/11/2024	Lir	ncoln Automotive	Financial Sei	vices						
6	Amount (\$)	7 Pa	ayee address;	City;	State; Zip Co	ode					
	\$947.76	Р.	O. Box 650575								
		Da	allas, TX 75265								
8	PURPOSE					(h)	Description				
Ŭ	OF		ategory _{(See Categor} cansportation Equ			(5)		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		xpense		olatod		Check if Austin,	TX,	officeholder living	expense	
							Vehicle lease	!			
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Officeholde	r name	Office sou	ıght			Office he	eld	
	experioritire to beriefft C/O	1									
	Date	Pa	ayee name								
	11/13/2024	Lir	ncoln Automotive	e Financial Ser	vices						
	Amount (\$)	Pa	ayee address;	City;	State; Zip Co	ode					
	\$947.76	Ρ.	O. Box 650575								
		Da	allas, TX 75265								
	PURPOSE	(a) Ca	ategory (See Categor	ies listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE		ansportation Equ				Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	LXI LINDITORE	Ex	xpense				_		officeholder living	expense	
							Vehicle lease	!			
	Complete ONLY if direct	Con	ndidate/Officeholde	r nama	Office sou	ıaht			Office he	ald.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ididate/Officeriolde	i name	Office Sou	igni			Office fie	ilu	
	5.										
	Date		ayee name	. Financial Co.	n dooo						
	12/16/2024		ncoln Automotive								
	Amount (\$)		-	City;	State; Zip Co	ode					
	\$947.76	Ρ.	O. Box 650575								
		_									
		Da	allas, TX 75265								
	PURPOSE OF		ategory (See Categor			(b)	Description				
	EXPENDITURE		ansportation Equ xpense	ipment And R	lelated		<u></u>		de of Texas. Comp officeholder living		
			крепас				Vehicle lease		3		
	Complete ONLY if direct		ndidate/Officeholde	r name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	1									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/39 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971
4	Date 09/03/2024	5 Payee name Morgan LaMantia for Senate Campaign
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1324 E. Madison
8	PURPOSE OF EXPENDITURE	Brownsville, TX 78520 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/03/2024	Payee name Mundo Publicitario
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 1001 Market
		Laredo, TX 78046
	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 Radio spots for Thanksgiving and Christmas
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/03/2024	Payee name Nochebuena, Arturo
	Amount (\$) \$6,350.00	Payee address; City; State; Zip Code 116 Northview
		Laredo, TX 78041
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
07/19/2024	Nochebuena, Arturo
6 Amount (\$) \$4,550.00	7 Payee address; City; State; Zip Code 116 Northview
a Bubboos	Laredo, TX 78041
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/06/2024	Nochebuena, Arturo
Amount (\$) \$3,725.00	Payee address; City; State; Zip Code 116 Northview Laredo, TX 78041
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/29/2024	Nochebuena, Arturo
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 116 Northview
	Laredo, TX 78041
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
11/15/2024	Nochebuena, Arturo
6 Amount (\$) \$1,625.00	7 Payee address; City; State; Zip Code 116 Northview Laredo, TX 78041
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. Check if Austin, TX, officeholder living expense Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/01/2024	Pappas, Josie
Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64 Laredo, TX 78041
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor for campaign services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/15/2024	Pappas, Josie
Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64
	Laredo, TX 78041
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 22/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971				
4	Date	5 Payee name				
	07/29/2024	Pappas, Josie				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$800.00	4902 Marcella #64				
		Laredo, TX 78041				
8	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				
		Contract labor for campaign services				
		Constant table to campaign on reso				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/12/2024	Pappas, Josie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$800.00	4902 Marcella #64				
	φουο.υυ					
		Laredo, TX 78041				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
		Contract labor for campaign services				
		Contract labor for campaign services				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	-				
	Date	Payee name				
	08/26/2024	Pappas, Josie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$800.00	4902 Marcella #64				
		Laredo, TX 78041				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Contract labor for campaign services				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

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: 23/39 Rpt:		Zaffirini, Judith (The Honorable)		00020971
4	Date	5	Payee name		·
	09/09/2024		Pappas, Josie		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$800.00		4902 Marcella #64		
			Laredo, TX 78041		
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. Check if Austin, TX, officeholder living expense
					Contract labor for campaign services
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	t Office held
	expenditure to benefit C/OF	Н			
Т	Date	Т	Payee name		
	09/23/2024		Pappas, Josie		
	Amount (\$)	十	Payee address; City; State; Zip C	ode	
	\$800.00		4902 Marcella #64		
			Laredo, TX 78041		
	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 Contract labor for campaign services
	l				Contract labor for earnpaight services
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			t Office held	
	expenditure to benefit C/OF	Н			
	Date	Т	Payee name		
	10/07/2024	1	Pappas, Josie		
	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode	
	\$800.00		4902 Marcella #64		
			Laredo, TX 78041		
	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 Contract labor for campaign services
					Contract labor for campaign services
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	Laht	t Office held
	expenditure to benefit C/O		Taller and the same and the sam	g	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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/Officenoider/Politic 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: 24/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
10/21/2024	Pappas, Josie
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 4902 Marcella #64
	Laredo, TX 78041
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/04/2024	Pappas, Josie
Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64 Laredo, TX 78041
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 Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/18/2024	Pappas, Josie
Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64
	Laredo, TX 78041
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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 complete this form.				
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/39 Rpt:		Zaffirini, Judith (The Honorable)		00020971
4	Date	5	Payee name		·
	12/02/2024		Pappas, Josie		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$800.00		4902 Marcella #64		
			Laredo, TX 78041		
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.
					Check if Austin, TX, officeholder living expense Contract labor for campaign servies
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	t Office held
	expenditure to benefit C/OF	Н			
Т	Date	Т	Payee name		
	12/16/2024		Pappas, Josie		
	Amount (\$)	t	Payee address; City; State; Zip C	ode	
	\$800.00	1	4902 Marcella #64		
	!				
			Laredo, TX 78041		
	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 Contract labor for campaign services
					Contract labor for campaign services
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	t Office held
	expenditure to benefit C/O			3	
	Date	T	Payee name		
	12/30/2024		Pappas, Josie		
	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode	
	\$800.00		4902 Marcella #64		
	l		Laredo, TX 78041		
	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				Check if Austin, TX, officeholder living expense Contract labor for campaign services
					Contract labor for campaign services
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	Light	t Office held
	expenditure to benefit C/O		zandidate/Onicenolae/ Harne	agiit	C Inice held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 26/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971		
4	Date	5 Payee name		
	07/30/2024	Personalized Promotions		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$709.02	7605 Stoneywood		
		Austin, TX 78731		
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		
		Imprinted materials		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	08/14/2024	Personalized Promotions		
	Amount (\$)	Payee address; City; State; Zip Code		
		7605 Stoneywood		
		Austin, TX 78731		
	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		
		Imprinted materials		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O			
	Date	Payee name		
	11/12/2024	Personalized Promotions		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$5,617.49	7605 Stoneywood		
	, , , , , , , , , , , , , , , , , , , ,			
		Austin, TX 78731		
	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		
		Imprinted materials		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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 Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 27/39 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission File 00020971	lers)	
4	Date 07/22/2024	5 Payee name Reliant		
6	Amount (\$) \$172.26	7 Payee address; City; State; Zip Code P.O. Box 650475		
		Dallas, TX 75265		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date 08/21/2024	Payee name Reliant		
	Amount (\$) \$157.64	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265		
	PURPOSE			
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date 09/23/2024	Payee name Reliant		
	Amount (\$) \$176.26	Payee address; City; State; Zip Code P.O. Box 650475		
		Dallas, TX 75265		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill		
	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 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 complete this form.	
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/39 Rpt:	Zaffirini, Judith (The Honorable)	00020971
4		5 Payee name	
Ļ	10/21/2024	Reliant	
6	Amount (\$) \$133.34	7 Payee address; City; State; Zip Code P.O. Box 650475	
	Ψ133.34	F.O. BOX 030473	
		Dallas, TX 75265	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin	n, TX, officeholder living expense
		ricauquarter	s iigiit biii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/15/2024	Reliant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.91	P.O. Box 650475	
		_ "	
L		Dallas, TX 75265	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Dental Expanse) Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Headquarter	s light bill
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field
-	Date	Payee name	
	12/23/2024	Reliant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.44	P.O. Box 650475	
		Dallas, TX 75265	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	and the of Tours Consolide Colorella T
	EXPENDITURE	onice overneau/Nerital Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Headquarter	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	,		
L			

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

	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: 29/39 Rpt:	Zaffirini, Judith (The Honorable)	00020971
4	Date	5 Payee name	1
	09/09/2024	Rustic Iron	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,025.00	2205 Victoria	
		Laredo, TX 78040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
_	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Signs	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to borionic Gro		
	Date	Payee name	
	07/16/2024	Store It All Self Storage Del Norte	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$489.00	5115 San Francisco Avenue	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense
		Storage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Data		
	Date 08/20/2024	Payee name Store It All Self Storage Del Norte	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$507.00	5115 San Francisco Avenue	
		Laredo, TX 78041	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	onice overneda/Nerital Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			I SIAS Protection Plan
		January and	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	

SCHEDULE F1

Trising Expense Event Expense Loan Repayment/Reinburg

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.		
1	Total pages Schedule F1:	Priler Name	3 Filer ID (Ethics Commission Filers)		
	Sch: 30/39 Rpt:	Zaffirini, Judith (The Honorable)	00020971		
4	Date	Payee name	•		
	09/17/2024	Store It All Self Storage Del Norte			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$507.00	5115 San Francisco Avenue			
		Laredo, TX 78041			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	ion		
	OF EXPENDITURE	Onice overneda/Nental Expense	if travel outside of Texas. Complete Schedule T.		
		Storage	if Austin, TX, officeholder living expense		
		Storage	•		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit C/O	ome coag.	C.IIGG II.GG		
_	Date	Payee name			
	10/17/2024	Store It All Self Storage Del Norte			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$507.00	5115 San Francisco Avenue			
	φοστ.σσ	offic carrianoisso rvenus			
		Laredo, TX 78041			
	PURPOSE				
	OF	a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	IOTI if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Onice Overnedd/Nerital Expense	if Austin, TX, officeholder living expense		
		Storage			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
	Date	Payee name			
	11/15/2024	Store It All Self Storage Del Norte			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$507.00	5115 San Francisco Avenue			
		Laredo, TX 78041			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	ion		
	OF EXPENDITURE	Office Overficad/Nertial Experise	if travel outside of Texas. Complete Schedule T.		
			if Austin, TX, officeholder living expense		
		Storage	•		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/Ol	Canadate Onice notice name Onice sought	Office Held		
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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
L	Sch: 31/39 Rpt:		Zaffirini, Judith (The Honorable)		00020971	
4	Date	5	Payee name			
	12/17/2024		Store It All Self Storage Del Norte			
6	Amount (\$)	7	Payee address; City; State; Zip Co	de		
	\$507.00		5115 San Francisco Avenue			
			Laredo, TX 78041			
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	
					Storage	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	abt	Office held	
	expenditure to benefit C/O		Candidate Office folder frame	giit	Office field	
F	Date		Payee name			
	07/15/2024		Store It All Storage - Townlake-Hills			
Amount (\$) Payee address; City; State; Zip Code						
\$173.00 1234 Townlake Dr.						
		Laredo, TX 78041				
H	PURPOSE					
OF			Office Overhead/Rental Expense	(5)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Nertal Expense		Check if Austin, TX, officeholder living expense	
					Storage	
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/Ol	Н				
	Date		Payee name			
08/14/2024 Store It All Storage - Townlake-Hills						
	Amount (\$) Payee address; City; State; Zip Code					
	\$173.00		1234 Townlake Dr.			
		Laredo, TX 78041				
Г	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.	
	LA LIBITOIL				Check if Austin, TX, officeholder living expense	
ı		1		1	Storage	

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date 09/17/2024	5 Payee name Store It All Storage - Townlake-Hills
6	Amount (\$) \$177.00	7 Payee address; City; State; Zip Code 1234 Townlake Dr.
		Laredo, TX 78041
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2024	Store It All Storage - Townlake-Hills
	Amount (\$) \$177.00	Payee address; City; State; Zip Code 1234 Townlake Dr.
		Laredo, TX 78041
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/15/2024	Payee name Store It All Storage - Townlake-Hills
	Amount (\$) \$177.00	Payee address; City; State; Zip Code 1234 Townlake Dr.
		Laredo, TX 78041
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/39 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 Date Payee name 12/17/2024 Store It All Storage - Townlake-Hills 6 Amount (\$) Payee address; City; State; Zip Code \$177.00 1234 Townlake Dr. Laredo, TX 78041 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/03/2024 The Frame House Amount (\$) Payee address; City; State; Zip Code \$60.72 1611 Scott Laredo, TX 78040 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Framing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/16/2024 The Frame House Amount (\$) Payee address: City; State; Zip Code \$871.09 1611 Scott Laredo, TX 78040 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Framing 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 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

l	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)
l	Sch: 34/39 Rpt:	Zaffirini, Judith (The Honorable) 000	20971
4	Date	5 Payee name	
	08/14/2024	The Frame House	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$30.36	1611 Scott	
		Laredo, TX 78040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	exas. Complete Schedule T.
		Check if Austin, TX, officeh	older living expense
		Framing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office riciu
H	Date	Payee name	
	08/26/2024	The Frame House	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$45.28		
	Ψ43.20	1011 30011	
		Larada TV 79040	
L	2112222	Laredo, TX 78040	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Postal Expanse) Check if travel outside of T	exas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of T Check if Austin, TX, office	
l		Framing	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	•	Office held
L	experialitire to benefit C/Oi) I	
l	Date	Payee name	
	09/06/2024	The Frame House	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$30.36	1611 Scott	
l			
l		Laredo, TX 78040	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of T	exas. Complete Schedule T.
l		Framing	lolider living expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			
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: 35/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
09/24/2024	The Frame House
6 Amount (\$) \$30.36	7 Payee address; City; State; Zip Code 1611 Scott Laredo, TX 78040
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 Framing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2024	The Frame House
Amount (\$)	Payee address; City; State; Zip Code
\$30.36	1611 Scott
	Laredo, TX 78040
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Framing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	The Frame House
Amount (\$) \$245.87	Payee address; City; State; Zip Code 1611 Scott
	Laredo, TX 78040
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Framing
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 Commit

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: 36/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	11/07/2024	The Frame House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.84	1611 Scott
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Framing
		Franilly
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	11/21/2024	The Frame House
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.28	1611 Scott
		Laredo, TX 78040
	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 Framing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	D
	Date 12/03/2024	Payee name The Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$609.68	P. O. Box 12068
		Austin, TX 78711
	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 Legislative dinner
		Legislative diffici
_	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 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: 37/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	08/01/2024	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	P. O. Box 12068
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gavels
		Gaveis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/14/2024	The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P. O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gavel
		Gave
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	Date	
	Date	Payee name
	08/15/2024	The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.34	P. O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Plaque
		Fiaque
\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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/39 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	09/11/2024	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	P. O. Box 12068
		Austin, TX 78711
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
		Video Clip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/06/2024	Webb County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3745 Josefina
	+= ,000.00	
		Loredo TV 70044
		Laredo, TX 78041
	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 Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Power name
	07/08/2024	Payee name Wilson County News
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1012 'C' Street
		Floresville, TX 78114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials Exp ervices struction Guide			pense ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	IE.						3	Filer ID	(Ethics Commission Filers)
	Sch: 39/39 Rpt:				he Honorable	e)					00020971	
┝	Date	5	Payee name			,				<u> </u>		
	10/21/2024		Zaffirini, Ju									
Ļ		Ļ										
6	Amount (\$)	7	Payee addr		City;	State;	Zip Coo	de				
	\$750.00		P.O. Box 6	527								
			Laredo, TX	〈 78042	2							
8	PURPOSE	(a)	Category	See Catego	ories listed at the to	on of this sch	edule)	(b)	Description			
	OF				Rental Exper		oudio,			outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE				•				_		officeholder living	
									Reimbursem	ent	for Photogra	aphy Services
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficehold	er name	C	Office soug	ght			Office he	ld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)				
	Sch: 1/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged \$1,057.60	(b) Date of Charge 07/01/2024	(c) Date(s)) Credit Card Issue	r Paid				
7	PAYEE	(a) Payee name Neiman Marcus		(b) Payee 4115 Cap Austin, T	pital of Texas	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH		I							
	PAYMENT	(a) Amount Charged \$13.83	(b) Date of Charge 07/01/2024	(c) Date(s)) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name Apple Company Sto	1 Infinite Loop			City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description QR reader, Software, I- cloud storage.						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$337.74	(b) Date of Charge 07/01/2024	(c) Date(s)) Credit Card Issue	r Paid				
	PAYEE (a) Payee name Eighteen Forty-Two)	(b) Payee 6502 Car Austin, T	non Wren Dr.	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	s Expense	(b) Descrip Legislativ	/e gifts					
\vdash	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	a cought	Check if Austin, TX,	officeholder living ex	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought		Office field				
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 2/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$18.39	07/01/2024						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Adobe Acropo Syst	tems	345 Park	Ave.				
				, CA 95110-270 ₄	4			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descrip	tion				
EXPENDITURE X Political	Office Overhead/Ren		Software					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$83.26	07/01/2024						
PAYEE	(a) Payee name	(b) Payee a	address;	City,	State,	Zip Code		
	Amazon.Prime		P. O. Box	81226				
		Seattle, WA 98108						
PURPOSE OF	(a) Category	(4)	(b) Description Promoting Literacy Program					
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$1,000.00	07/01/2024						
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code	
			155 5th St., 7th Floor					
	Eventbrite							
			San Francisco, TX 94103					
PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE	(See Categories listed at the top Contributions/Donation		The Unive	ersity of Texas a	t Austin PAC d	onation.		
X Political		er/Political Committee						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
	Sch: 3/105 Rpt:	Zaffirini, Judith (The		00020971						
4	CREDIT CARD ISSUER	Name of financial institution See previous See previous CHARGED TO A CREDIT CARD			DITURES	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$44.94	07/12/2024							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		7-Eleven		4040 S. L	amar Blvd.					
L				Austin, T						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion					
	X Political	Transportation Equipr Expense		Gasoline						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$9.99	07/12/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		The Finish Line Ca	r Wash	2900 Bee	e Caves Rd.					
				Austin, TX 78746						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description						
	X Political	Transportation Equipr Expense	,	Vehicle maintenance						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$141.22	07/12/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Adobo Acropo Syst	ome	345 Park	Ave.					
		Adobe Acropo Syst	ems							
L					, CA 95110-2704	4				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion					
		Office Overhead/Rent		Software						
	X Political									
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 4/105 Rpt:	Zaffirini, Judith (The	e Honorable)						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 6,627.55				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$27.92	07/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Shell Westlake Auto	o Care	98 Red Bud Trail					
			Austin, TX 78746					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Transportation Equipr	•	Gasoline					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$59.98	07/12/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	The Finish Line Ca	r Wash	2900 Bee Caves Rd.					
			Austin, TX 78746					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Vehicle Maintenance					
Non-Political	— <u> </u>	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH			-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$27.92	07/12/2024						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			98 Red Bud Trail					
	Shell Westlake Aut	o Care						
			Austin, TX 78746					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Gasoline					
X Political	Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
			<u> </u>					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)							
Sch: 5/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$19.00	07/12/2024							
7 PAYEE	(a) Payee name	(b) Payee address;	City,	State,	Zip Code				
	Go Carwash		1919 Guadalupe St.						
0 PURPOSE OF	(a) Catagon		Laredo, TX 78043						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Vehicle maintenance						
X Political	Transportation Equipr Expense	ment And Related	vernole maintenance						
Non-Political	<u> </u>	of Texas. Complete Schedule T.		x, officeholder living exp	ense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
TATMENT			(c) Date(s) Credit Gard Issuer Faid						
	\$45.43	07/12/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Michaels		5510 San Bernardo						
			Laredo, TX 78041						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Frames						
X Political		a Expondo							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH		T (1) = 1 (2)	1()=:()=:::						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$270.00	07/12/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Texas State History	/ Museum	P. O. Box 12874						
	Toxas state metery	Massam	Austin, TX 78711						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Membership renewal						
X Political	Fees								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete t	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)		
	Sch: 6/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$869.83	07/12/2024							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Sam's Club		1414 Marlanwood Rd.						
8	PURPOSE OF	(a) Category		(b) Descrip	TX 76502					
ľ	EXPENDITURE	(See Categories listed at the top		Storage s						
	X Political	Office Overhead/Ren	tal Expense		9					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
e	xpenditure to benefit C/OH		I	1						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$47.18	07/12/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Circle K		4418 Hw	y359					
				Laredo, T	X 78043					
	PURPOSE OF	(a) Category		(b) Descrip	otion					
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline						
	x Political	Expense								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Α.	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
Ë	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$66.99	` '		0.00n 00n 0 100uo.					
		\$00.99	07/12/2024							
	PAYEE	(a) Payee name	•	(b) Payee		City,	State,	Zip Code		
		Chall Mootlaka Aut	o Coro	98 Red B	ud Trail					
		Shell Westlake Aut	o Care	A						
L	PURPOSE OF	(a) Category		Austin, T						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Gasoline	Juon					
	X Political	Transportation Equip	ment And Related							
	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.	1	Chack if Austin TV	officeholder living exp	ence			
\vdash	Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	e sought	CHECK II AUSIIII, TX,	Office held	CIISC			
e	xpenditure to benefit C/OH	2 3 3 3 3 3 3 3 3.	31110	y		JOJI				
\vdash	·	L								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 7/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$53.20	07/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Circle K		4418 Hwy359					
			Laredo, TX 78043					
8 PURPOSE OF	(a) Category	-f.d-ild-l-)	(b) Description					
EXPENDITURE 	(See Categories listed at the top Transportation Equipr		Gasoline					
X Political	Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	oense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$7.00	07/12/2024						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
	Texaco		2400 Exposition Blvd					
			Austin, TX 78745					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Gasoline					
X Political	Transportation Equipr Expense	Heni Anu Reialeu						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$174.28	07/12/2024						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			P.O. Box 6463					
	AT&T Mobility							
			Carol Stream, IL 60197					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Wireless telephone service	e for office hol	der camp	aign work		
X Political	Jinde Overneau/Reill	ш шлренас						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 8/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$2,609.40	07/12/2024					
7	PAYEE	(a) Payee name SP Patriot Wood			art Circle Dr.	City,	State,	Zip Code
L		() 2 :			, WA 98248			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Office item				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	•					Office held		
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$12.00	07/12/2024					
PAYEE (a) Payee name				(b) Payee	address;	City,	State,	Zip Code
		Техасо		2400 Exposition Blvd				
l				Austin, T	X 78745			
	PURPOSE OF	(a) Category	6 11: 1 1 1 1	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$146.89	07/12/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		No de la Martina de la constante de la constan		P.O. Box	75226			
		Verizon Wireless						
L				Dallas, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Office Overhead/Rent		vvireiess	telephone servic	e for office hold	uer camp	aign work
	X Political							
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 9/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$30.82	07/12/2024							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		7-Eleven		4040 S. La	amar Blvd.					
				Austin, TX						
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descript	ion					
	EXPENDITURE	Transportation Equipr		Gasoline						
l	X Political	Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$345.06	07/12/2024							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Headliners Club			221 W. 6th	n St., Ste. 2100					
				Austin, TX	78767					
	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	·	Staff lunch	1					
	X Political	- r ood, Bovorago Expo								
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid				
		\$1,108.56	07/12/2024							
┢	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
l				20 North I	H-35					
l		Holiday Inn Austin ⁻	Townlake							
l				Austin, TX	78701					
Г	PURPOSE OF	(a) Category		(b) Descripti	ion					
	EXPENDITURE (See Categories listed at the top of this schedule) Travel In District		Staff lodgii	ng						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 10/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$10.81	08/01/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Amazon.com		P. O. Box	x 81226			
				Seattle, \	WA 98108			
8	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	ms			
	X Political	Office Overflead/Nerii	tai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$2.15	08/01/2024					
┢	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		A I . Q Q .		1 Infinite	Loop			
		Apple Company Sto	ore					
L					o, CA 95014			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	—	Office Overhead/Rent		QR read	er			
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Daid		
	FAIMENI			(c) Date(s)	Credit Card 133del	raid		
		\$552.08	08/01/2024					
Г	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
		0		1517 Co	rpus Christi			
		Stock Woodwork LI	LC					
					TX 78040			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Salaries/Wages/Contr	,	Contract	labor			
	X Political							
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	2 2211214	Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	Apenditure to beliefft C/OH							
ĺ								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	···,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 11/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	 \$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$21.64	08/01/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Amazon Market Pla	ace	P.O. Box	81226			
			+	WA 98108			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descri				
EXPENDITURE X Political	Office Overhead/Ren		Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$412.31	08/01/2024					
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	Ebay Inc.		2025 Ha	milton Ave.			
			San Jose	e, CA 95125			
PURPOSE OF	(a) Category		(b) Descri	otion			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Reni		Capitol C	Office items			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held	-	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$2,209.79	08/01/2024					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee	address;	City,	State,	Zip Code
			2025 Ha	milton Ave.			
	Ebay Inc.						
			San Jose	e, CA 95125			
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Descri				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Capitol o	ffice items			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder		e sought	<u> </u>	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	his form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 12/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
	\$165.06	08/01/2024							
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Amazon.Prime		P. O. Box 81226						
			Seattle, V	VA 98108					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descrip						
EXPENDITURE X Political	Office Overhead/Ren		Promoting	g Literacy Progra	am				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	i	Check if Austin, TX,	"X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
	\$519.36	08/01/2024							
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Amazon Market Pla	ace	P.O. Box	81226					
			Seattle, V	VA 98108					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Supplies						
X Political	omec overnead/rem	tar Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
	\$33.55	08/01/2024							
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
			P.O. Box	81226					
	Amazon Market Pla	ace							
			Seattle, V	VA 98108					
PURPOSE OF	(a) Category		(b) Descrip	tion					
EXPENDITURE 	(See Categories listed at the top Office Overhead/Ren		Supplies						
X Political		<u></u>							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	nis form.	(,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 13/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$79.65	08/01/2024						
7 PAYEE	(a) Payee name Amazon Market Pla	ace	(b) Payee a		City,	State,	Zip Code	
			Seattle, W					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descript	tion				
EXPENDITURE	Office Overhead/Rent		Supplies					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	name Offic	e sought		Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$75.70	08/01/2024						
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
	Amazon Market Pla	ace	P.O. Box	81226				
			Seattle, W	/A 98108				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Chack if Austin TV	officeholder living ex	nonco		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	<u>L</u> e sought	Check if Adstill, 17,	Office held	perise		
expenditure to benefit C/OH			o coug.n		000			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$144.82	08/01/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ıddress;	City,	State,	Zip Code	
			P.O. Box	81226				
	Amazon Market Pla	ace						
			Seattle, W	/A 98108				
PURPOSE OF	(a) Category		(b) Descript	tion				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies					
X Political	Office Overflead/Nem	iai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held			
	•							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 14/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$253.71	08/01/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Amazon Market Pla	ace	P.O. Box 8					
			Seattle, W.					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on				
X Political	Office Overhead/Rent		Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$121.15	08/01/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Amazon Market Pla	ace	P.O. Box 8	31226				
			Seattle, W	A 98108				
PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti	on				
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Supplies					
X Political		,						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
	\$148.38	08/01/2024						
PAYEE	(a) Payee name	I .	(b) Payee a	ddress;	City,	State,	Zip Code	
			P.O. Box 8	31226				
	Amazon Market Pla	ace						
			Seattle, WA 98108					
PURPOSE OF	(a) Category (See Categories listed at the top	of their coloradials)	(b) Descripti	on				
EXPENDITURE 	Office Overhead/Rent		Supplies					
X Political		1	<u> </u>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)						
Sch: 15/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$220.81	08/01/2024										
7 PAYEE	(a) Payee name Cleverbridge Inc.		(b) Payee address; 350 N. Clark St.	City,	State,	Zip Code						
			Chicago, IL 60654									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description									
EXPENDITURE	Office Overhead/Rent	*	Computer software									
X Political												
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense							
9 Complete ONLY if direct	Candidate/Officeholder	name Office	ice sought Office held									
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$2.54	08/01/2024										
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
	Apple Company Sto	ore	1 Infinite Loop									
			Cupertino, CA 95014									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description I-cloud storage									
X Political	Office Overhead/Rent	tal Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged \$42.06	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issue	r Paid								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
			117 Adams Street									
	Etsy, Inc											
			Brooklyn , NY 11201									
PURPOSE OF	(a) Category	7 11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Description									
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Office supplies									
X Political		I										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this for	m.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 16/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UI EXPENDITUR CHARGED TO CARD	RES	\$ 6,627.55		55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid			
	\$66.32	08/01/2024						
7 PAYEE	(a) Payee name	•	(b) Payee addres	SS;	City,	State,	Zip Code	
	Amazon Market Pla	ace	P.O. Box 8122					
			Seattle, WA 98	3108				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Ren	,	Supplies					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid			
	\$47.79	08/01/2024						
PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code	
	Amazon Market Pla	ace	P.O. Box 8122	6				
			Seattle, WA 98	3108				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office supplies					
X Political	Office Overflead/Neri	tai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid			
	\$9.19	08/01/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee addres	SS;	City,	State,	Zip Code	
	` '		1 Infinite Loop	,	<i>3.</i>			
	Apple Company Sto	ore						
			Cupertino, CA	95014				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Software					
X Political	Office Overflead/Reff	iai Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	4: 2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 17/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$9.73	08/01/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Amazon Market Pla	ace	P.O. Box 8	31226			
			Seattle, W				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Supplies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$102.67	08/01/2024					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Amazon.com		P. O. Box 8	81226			
			Seattle, W	A 98108			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti	on			
l <u> </u>	Office Overhead/Rent		Supplies				
X Political Non-Political	/			-			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onc	e sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
TATMENT	\$142.26	08/01/2024	(c) Date(3) C	orean Cara issue	T alu		
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress:	City,	State,	Zip Code
	(a) r ayee name		P. O. Box		Oity,	Oldie,	Zip Code
	Amazon.com		. O. Box \	01220			
			Seattle, W	A 98108			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE (See Categories listed at the top of this schedule)			Supplies				
X Political	Office Overhead/Rent	iai Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete	this form.		,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 18/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$1,033.44	08/01/2024						
7 PAYEE	(a) Payee name Flovery		(b) Payee 327 Willi	address; ams Ave.	City,	State,	Zip Code	
				WA 98057				
8 PURPOSE OF	(a) Category	of this sahadula)	(b) Descri					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	ms				
X Political		tar Experies						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	kpense		
9 Complete ONLY if direct	name Offic	e sought		Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$18.39	08/01/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Adobe Acropo Syst	ems	345 Park	Ave.				
			San Jose	e, CA 95110-270	4			
PURPOSE OF	(a) Category		(b) Descri	otion				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software	!				
X Political	Office Overflead/Nem	iai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$194.84	08/01/2024						
PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code	
			1 Infinite	•	2.			
	Apple Company Sto	ore						
			Cupertin	o, CA 95014				
PURPOSE OF	(a) Category		(b) Descri					
EXPENDITURE	(See Categories listed at the top		Internet					
X Political	Office Overhead/Rent	tal Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 19/105 Rpt:	Zaffirini, Judith (The	Zaffirini, Judith (The Honorable)								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$129.86	08/01/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Amazon.com		P. O. Box 81226							
			Seattle, WA 98108							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	· ·	Office items							
X Political	- Cinico o vorrioda/ricini	iai Experies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$171.63	08/01/2024								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
	Etsy, Inc		117 Adams Street							
			Brooklyn , NY 11201							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Office items							
X Political	Office Overhead/Rent	lai Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$97.41	08/01/2024								
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	City,	State,	Zip Code				
			117 Adams Street	-		·				
	Etsy, Inc									
			Brooklyn , NY 11201							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	,	Office items							
X Political	X Political Office Overhead/Rental Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:						ics Commis	sion Filers)			
	Sch: 20/105 Rpt:	Zaffirini, Judith (The	Zaffirini, Judith (The Honorable)								
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,627.5	55			
6	PAYMENT	(a) Amount Charged \$113.50	(b) Date of Charge 08/01/2024	(c) Date(s)	Credit Card Issue	er Paid					
7	PAYEE	(a) Payee name Ebay Inc.			address; milton Ave.	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Supplies	otion						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	pense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH		T	1							
	PAYMENT	(a) Amount Charged \$180.00	(b) Date of Charge 08/01/2024	(c) Date(s)	Credit Card Issue	er Paid					
	PAYEE	(a) Payee name Etsy, Inc			address; ns Street , NY 11201	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip Legislativ	otion						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living ex	pense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$86.59	(b) Date of Charge 08/01/2024	(c) Date(s)	Credit Card Issue	er Paid					
	PAYEE	(a) Payee name Etsy, Inc			address; ns Street , NY 11201	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Office ite	ms						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought				Check if Austin, TX	Office held	pense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	z souyni		Office field					
1											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:						nics Commiss	sion Filers)		
	Sch: 21/105 Rpt:	Zaffirini, Judith (The	Zaffirini, Judith (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged \$70.35	(b) Date of Charge 08/01/2024	(c) Date(s)	Credit Card Issue	er Paid				
7	PAYEE	(a) Payee name Amazon.com		(b) Payee P. O. Box Seattle, V		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
L	xpenditure to benefit C/OH PAYMENT	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cuadit Cand Inc.	an Daid				
	PAYMENT	(a) Amount Charged \$214.00	(b) Date of Charge 08/01/2024	(c) Date(s)	Credit Card Issue	er Palu				
	PAYEE	(a) Payee name Amazon.com		(b) Payee P. O. Box	< 81226	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	kpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 08/01/2024	(c) Date(s)	Credit Card Issue	er Paid				
	PAYEE	(a) Payee name Amazon Market Pla	ace	(b) Payee P.O. Box Seattle, \		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Supplies	_	/ office halder !				
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX	Office held	kpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e souynt		Office field				
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 22/105 Rpt:	Zaffirini, Judith (The		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$27.58	08/12/2024								
7 PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code				
	7-Eleven		4040 S. Lamar Blvd.							
			Austin, TX 78704							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline							
X Political	Expense	nent / tha related								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$31.37	08/12/2024								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
	H-E-B		1911 N.E. Loop Bob B ull	lock						
			Laredo, TX 78045							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Supplies							
X Political	Food/Beverage Expe	rise								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$21.64	08/12/2024								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
			345 Park Ave.							
	Adobe Acropo Syst	ems								
			San Jose, CA 95110-270	4						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense									
X Political	Julice Overneau/Rem	iai Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Inst	ruction Guide explains how	to complete this form.	,		,
2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Zaffirini, Judith (The		00020971			
	_	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
\$317.04	08/12/2024				
(a) Payee name Jason's Deli		(b) Payee address; 1000 E. 41st. Street	City,	State,	Zip Code
		Austin, TX 78751			
(a) Category		(b) Description			
		Staff luncheon			
T ood/beverage Exper	1150				
(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Candidate/Officeholder	name Offic	e sought	Office held		
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
\$68.87	08/12/2024				
(a) Payee name		(b) Payee address;	City,	State,	Zip Code
H.E.B		2400 S. Congress			
		Austin, TX 78004			
(a) Category		(b) Description			
		Staff luncheon supplies			
(c) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin, TX.	officeholder living exr	ense	
	<u> </u>	<u> </u>	Office held		
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
\$15.00	08/12/2024				
(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		4040 S. Lamar Blvd.			
7-Eleven					
		Austin, TX 78704			
(a) Category		(b) Description			
l` "	,	Gasoline			
Expense	nont / ind related				
(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Candidate/Officeholder	name Offic	e sought	Office held		
	2 FILER NAME Zaffirini, Judith (The Name of final see pi (a) Amount Charged \$317.04 (a) Payee name Jason's Deli (a) Category (See Categories listed at the top Food/Beverage Experional Season	2 FILER NAME Zaffirini, Judith (The Honorable) Name of financial institution see previous (a) Amount Charged \$317.04 (b) Date of Charge \$317.04 (a) Payee name Jason's Deli (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$68.87 (b) Date of Charge \$68.87 08/12/2024 (a) Payee name H.E.B (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$15.00 (b) Date of Charge \$15.00 08/12/2024 (a) Payee name 7-Eleven (a) Category (see Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T.	Name of financial institution See previous	2 FILER NAME Zaffirini, Judith (The Honorable) Name of financial institution see previous StepPenDitures Charge Charge Charge S317.04 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Samon's Deli	2 FILER NAME Zaffirini, Judith (The Honorable) Name of financial institution see previous Name of financial institution see previous See previous \$ 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$317.04 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Payee name Jason's Deli (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Description Staff luncheon (e) Description Staff luncheon (f) Date(s) Credit Card Issuer Paid (g) Description Staff luncheon (g) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name (g) Date(s) Credit Card Issuer Paid (g) Payee address; City, State, 2400 S. Congress Austin, TX 78004 (a) Category (b) Payee address; City, State, 2400 S. Congress Austin, TX 78004 (b) Description Staff luncheon supplies (c) Date(s) Credit Card Issuer Paid (d) Description Staff luncheon supplies (e) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held (g) Payee address; City, State, 4040 S. Lamar Blvd. Austin, TX 78704 (g) Payee address; City, State, 4040 S. Lamar Blvd. Austin, TX 78704 (g) Payee address; City, State, 4040 S. Lamar Blvd. Austin, TX 78704 (g) Description Gasoline (h) Payee address; City, State, 4040 S. Lamar Blvd. Austin, TX 78704 (g) Description Gasoline

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)						
	Sch: 24/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971							
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
		\$4.28	08/12/2024										
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code					
		H-E-B			. Loop Bob B ull	ock							
				Laredo, T									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Supplies	tion								
	X Political	Food/Beverage Expe											
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	kpense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
e:	xpenditure to benefit C/OH												
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid							
		\$41.12	08/12/2024										
	PAYEE		(b) Payee a	address;	City,	State,	Zip Code						
		Adaha Aarana Syat	ome	345 Park	Ave.								
		Adobe Acropo Syst	ems										
					, CA 95110-270	4							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion								
		Office Overhead/Rent		Software									
	X Political												
_	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	kpense						
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid							
		\$31.60	08/12/2024										
	PAYEE	(a) Payee name	-	(b) Payee a	address;	City,	State,	Zip Code					
		Chall Mantlaka Aut	- Cara	98 Red B	ud Trail								
		Shell Westlake Auto	o Care										
				Austin, T									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion								
		Transportation Equipr	,	Gasoline									
	X Political	Expense											
	Non-Political	(*) 	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	kpense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
<u>е</u>	xpenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	ages Schedule F4: 2 FILER NAME					sion Filers)					
Sch: 25/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	6,627.5	55					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$37.34	08/12/2024									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Adobe Acropo Syst	rems	345 Park Ave.								
			San Jose, CA 95110-27	704							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
X Political	Office Overhead/Rent	,	Software								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$479.55	08/12/2024									
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Target		1910 Bob Bullock Loop								
			Laredo, TX 78045								
PURPOSE OF	(a) Category	of their coloradials)	(b) Description								
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Storage bins								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$75.00	08/12/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			4122 Stuart Circle Dr.								
	SP Patriot Wood										
			Ferndale, WA 98248								
PURPOSE OF	(a) Category	of their coloradials)	(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Shipping								
X Political		<u></u>									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 26/105 Rpt:	Zaffirini, Judith (The	Zaffirini, Judith (The Honorable)							
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$84.07	08/12/2024							
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
		SP Patriot Wood		4122 Stuar	t Circle Dr.					
				Ferndale, V	NA 98248					
8	PURPOSE OF	(a) Category	-f. doi: lo - do l - \	(b) Description	on					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Shipping						
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	expenditure to benefit C/OH			•						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$111.88	08/12/2024							
r	PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code		
		SP Patriot Wood		4122 Stuar	t Circle Dr.					
				Ferndale, V	NA 98248					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on					
	X Political	Fees								
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$473.85	08/12/2024							
Г	PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code		
		Links In A of the	.	20 North II	H-35					
		Holiday Inn Austin	Towniake							
L				Austin, TX						
	PURPOSE OF (a) Category (Con Categories listed at the tag of this categories)		of this schedule)	(b) Description Staff lodgin						
	X Political	PENDITURE (See Categories listed at the top of this schedule) Travel In District			ng					
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held				
€	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	' '					3 Filer ID (Etl	nics Commiss	sion Filers)		
	Sch: 27/105 Rpt:	Zaffirini, Judith (The	affirini, Judith (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid				
		\$301.86	08/12/2024							
7	PAYEE	(a) Payee name Holiday Inn Austin -	Townlake	(b) Payee 20 North Austin, T	IH-35	City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE X Political	(See Categories listed at the top Travel In District	of this schedule)	Staff lodg						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	xpense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid				
		\$63.20	08/12/2024							
PAYEE (a) Payee name			•	(b) Payee	address;	City,	State,	Zip Code		
		Shell Westlake Auto	o Care	98 Red E	Bud Trail					
L				Austin, T	X 78746					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip Gasoline						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	xpense			
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held	·			
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid				
		\$50.92	08/12/2024							
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code		
l		Cirolo I/		4418 Hw	y359					
		Circle K								
L				+	TX 78043					
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
		Transportation Equipment And Related		Gasoline						
1	X Political	Expense			_					
$ldsymbol{ld}}}}}}$	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	xpense			
_ ا	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
\vdash^{ϵ}	expenditure to benefit C/OH									
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 28/105 Rpt:	Zaffirini, Judith (The	Zaffirini, Judith (The Honorable) 000 Name of financial institution 5 TOTAL OF UNITEMIZED							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$174.28	08/12/2024							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		AT&T Mobility		P.O. Box	6463					
					eam, IL 60197					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Office Overhead/Rent		Cellphon	e					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$146.89	08/12/2024							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		Verizon Wireless		P.O. Box	75226					
				Dallas, T	X 75226					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descrip						
	EXPENDITURE X Political	Office Overhead/Rent		Wireless	telephone servic	e for office hol	der camp	aign work		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$53.42	08/12/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		7 51		4040 S. I	₋amar Blvd.					
		7-Eleven								
				Austin, T						
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descrip							
	_	Transportation Equipr	,	Gasoline						
	X Political Expense				_					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				2 2011824	Check if Austin, TX,	officeholder living exp	ense			
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
F	Appenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

l		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)				
	Sch: 29/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid						
		\$353.46	08/12/2024									
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code				
		Holiday Inn Austin ⁻	Townlake	20 North 1	H-35							
L				Austin, TX								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
		Travel In District	of this scriedule)	Staff lodgir	ng							
	X Political											
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
				e sought		Office held						
expenditure to benefit C/OH			145- 45-									
			(c) Date(s) C	Credit Card Issuer	Paid							
	\$59.16 08/12/2024											
	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code				
		Stripes		3320 San I	Bernardo Ave.							
				Laredo, TX	78040							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description	on							
	X Political	Transportation Equipr Expense	ment And Related									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
e	expenditure to benefit C/OH			•								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid						
		\$227.65	08/12/2024									
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code				
		Cubuov		3600 N. Ca	apital of Texas I	Hwy						
		Subway										
L				Austin, TX								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
	X Political	Food/Beverage Expe		Staff lunch	eon							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Г	Check if Austin, TX,	officeholder living exp	ense					
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
€	expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 30/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$55.06	08/12/2024						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	7-Eleven		4040 S. L	amar Blvd.				
			Austin, TX 78704					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this sahadula)	(b) Descrip	otion				
X Political	Transportation Equipr Expense	•	Gasoline					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	, officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$8.56	08/12/2024						
PAYEE	(a) Payee name	·	(b) Payee	address;	City,	State,	Zip Code	
	H.E.B		2400 S. 0	Congress				
			Austin, T	X 78004				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Supplies					
X Political	sea, zereiage zapei							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$13.96	08/12/2024						
PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code	
			1911 N.E	. Loop Bob B ull	ock			
	H-E-B							
			Laredo, T	X 78045				
PURPOSE OF	(a) Category	(4)	(b) Descrip	otion				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Supplies					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 31/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$176.73	08/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Holiday Inn Austin ⁻	Townlake	20 North IH-35					
a puppose of	(a) Category		Austin, TX 78701 (b) Description					
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodging					
X Political	Travel In District		Stan loaging					
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu			or Daid				
PATMENT			(c) Date(s) Credit Card Issue	er Palu				
	\$157.95 	08/12/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Holiday Inn Austin ⁻	Townlake	20 North IH-35					
			Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Travel In District	or this scriedale)	Staff lodging					
X Political								
Non-Political	`	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$8.52	08/12/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Circle K		4418 Hwy359					
	Circle K		Laredo, TX 78043					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Gasoline					
X Political	Transportation Equipr Expense	nent And Related						
Non-Political	-	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME					sion Filers)					
	Sch: 32/105 Rpt:	Zaffirini, Judith (The	e Honorable)	00020971								
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
		\$30.25	08/12/2024									
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
		H.E.B		2400 S. Congress								
				Austin, TX 78004								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
	X Political	Office Overhead/Rent		Supplies								
				, officeholder living exp	ense							
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e Office sought								
e	xpenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
		\$365.00	08/12/2024									
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
		Destination Dreams	5	5611 Lost Hills Trails								
				Laredo, TX 78040								
	PURPOSE OF	(a) Category	60: 1.11	(b) Description								
	EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Vehicle rental								
	Non-Political	— ' —	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
e	xpenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
		\$199.95	09/02/2024									
Г	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
		CD Datrict Mand		4122 Stuart Circle Dr.								
		SP Patriot Wood										
				Ferndale, WA 98248								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description								
		Office Overhead/Rent		Office item								
	X Political		•									
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living exp	ense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
e:	xpenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.	(,				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)				
Sch: 33/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		627.55				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$648.00	09/02/2024							
7 PAYEE	(a) Payee name Scully & Scully		(b) Payee address; 504 Park Avenue	City, S	tate, Zip Code				
			New York , NY 10022-110	01					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description						
EXPENDITURE	Office Overhead/Rent		Office items						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$93.16	09/02/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Code				
	Ebay Inc.		2025 Hamilton Ave.						
			San Jose, CA 95125						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Office items						
X Political	Office Overhead/Rent	iai Experise							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$2.15	09/02/2024							
PAYEE	(a) Payee name	l	(b) Payee address;	City, S	state, Zip Code				
			1 Infinite Loop	<i>,</i>	,				
	Apple Company Sto	ore							
			Cupertino, CA 95014						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		QR Reader						
X Political	Office Overhead/Rent	tai ⊏xperise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.	(g-	,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 34/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$199.95	09/02/2024							
7 PAYEE	(a) Payee name Sunnyland Farms		(b) Payee a		City,	State,	Zip Code		
			Albany, GA 31706						
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descript						
EXPENDITURE	Gift/Awards/Memorial		Legislative	e gifts					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct					Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$64.25	09/02/2024							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Ebay Inc.		2025 Ham	ilton Ave.					
			San Jose,	CA 95125					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Office item	ıs					
X Political	Office Overhead/Rent	lai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$150.47	09/02/2024							
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code		
			P. O. Box	81226	-		·		
	Amazon.Prime								
			Seattle, W	A 98108					
PURPOSE OF	(a) Category		(b) Descript						
EXPENDITURE	(See Categories listed at the top		Email subs	scription					
X Political	Office Overhead/Rent	lai ⊏xpeiise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 35/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$64.84	09/02/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon Market Pla	ace	P.O. Box 8				
a Puppose of	(a) Catagon		Seattle, W. (b) Descripti				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Legislative				
X Political	Gift/Awards/Memorial	s Expense					
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		T	T				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$8.65	09/02/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon Market Pla	200	P.O. Box 8	31226			
	Amazon warket Fia	ice	Seattle, W.	A 98108			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies				
X Political	Omec overnedd/tem	tai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$48.70	09/02/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	ddress;	City,	State,	Zip Code
			2025 Ham	ilton Ave.			
	Ebay Inc.						
			San Jose,	CA 95125			
PURPOSE OF	(a) Category	-f.4b-i	(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies				
X Political		I					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 36/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$18.39	09/02/2024					
7	PAYEE	(a) Payee name Amazon Market Pla	ace	(b) Payee P.O. Box		City,	State,	Zip Code
					WA 98108			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
	X Political	Office Overhead/Reni		Office su	pplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$137.97	09/02/2024					
	PAYEE (a) Payee name (b) Payee address			address;	City,	State,	Zip Code	
		Ebay Inc.		2025 Hai	milton Ave.			
				San Jose	e, CA 95125			
	PURPOSE OF	(a) Category	-6.4bib	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office ite	ms			
	X Political		•					
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
€	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$42.18	09/02/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Amazon Markat Dia		P.O. Box	81226			
		Amazon Market Pla	ice					
L		() 2			WA 98108			
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)		of this schedule)	(b) Descrip				
	X Political	Office Overhead/Ren		Supplies				
	블				_			
\vdash	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o coucht	Check if Austin, TX,	Office hold	ense	
,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	mportaitare to benefit 6/011							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 37/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$2.54	09/02/2024					
7	PAYEE	(a) Payee name Apple Company Sto	ore	(b) Payee 1 Infinite	Loop	City,	State,	Zip Code
				 	o, CA 95014			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Ren		I-cloud st	torage			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	' -				Office held			
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$52.82	09/02/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Ebay Inc.		2025 Hai	milton Ave.			
				San Jose	e, CA 95125			
	PURPOSE OF	(a) Category	-# 4bibb-1-1	(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Supplies				
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$4,347.62	09/02/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Callani at the Deni	L.C.	98 San J	acinto Blvd.			
		Gallery of the Repu	DIIC					
L				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
		Gift/Awards/Memorial		Flags				
	X Political							
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 38/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$9.19	09/02/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Apple Company Sto	ore	1 Infinite L				
	(-) 0-4		Cupertino,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Software	on			
X Political	Office Overhead/Rent						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$60.99	09/02/2024					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Ebay Inc.		2025 Ham	ilton Ave.			
			San Jose,	CA 95125			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Office items				
X Political	Office Overhead/Rent	tal Expense	Office item				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$262.72	09/02/2024					
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
			327 Willian	ns Ave.			
	Flovery						
			Renton, W	A 98057			
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office item	IS			
X Political		· 					
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					sion Filers)					
Sch: 39/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$17.30	09/02/2024									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Amazon Market Pla	ace	P.O. Box 81226								
	() 2 .		Seattle, WA 98108								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Office Overhead/Ren	•	Supplies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$16.23	09/02/2024									
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Amazon.com		P. O. Box 81226								
			Seattle, WA 98108								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Promoting Literacy Program								
X Political	Office Overflead/Neff	iai Experise									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$50.33	09/02/2024									
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code					
	(P. O. Box 81226	-1.5,	,						
	Amazon.com										
			Seattle, WA 98108								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top	,	Office items								
X Political	Office Overhead/Ren	ıaı ⊏xµerise									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME					cs Commiss	sion Filers)					
Sch: 40/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid							
	\$10.81	09/02/2024										
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code					
	Amazon Market Pla	ace	P.O. Box									
			Seattle, W									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion								
X Political	Office Overhead/Rent		Supplies									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid							
	\$18.39	09/02/2024										
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code					
	Adobe Systems		345 Park /	Ave.								
			San Jose,	CA 95110-2704	1							
PURPOSE OF	(a) Category		(b) Descript	tion								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software									
X Political	Office Overficad/recit	tai Experise										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid							
	\$919.06	09/02/2024										
PAYEE	(a) Payee name	I	(b) Payee a	address;	City,	State,	Zip Code					
			1800 Wils	on Way SE, Sui	te # 8							
	Wisteria											
			Smyrma,	GA 30082								
PURPOSE OF	(a) Category	(II)	(b) Descript									
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office furr	niture								
X Political												
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 41/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$221.32	09/02/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Ebay Inc.		2025 Hamilton Ave.			
			San Jose, CA 95125			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Description			
X Political	Office Overhead/Ren	•	Office items			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$174.23	09/12/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Target		1910 Bob Bullock Loop	1		
			Laredo, TX 78045			
PURPOSE OF	(a) Category	of this cohodula)	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Storage supplies			
X Political		•				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$41.12	09/12/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
			345 Park Ave.			
	Adobe Systems					
			San Jose, CA 95110-2	704		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Software			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete the	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 42/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$22.43	09/12/2024					
7 PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
	H-E-B		1911 N.E.	Loop Bob B ulle	ock		
			Laredo, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti	on			
X Political	Office Overhead/Rent		Supplies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$230.00	09/12/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	"Im", Judy			nar Blvd., Ste. 1	120		
	(-) O-t		Austin, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description				
X Political	<u>'</u>						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$354.50	09/12/2024					
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
	Llama, haltad Llam		9029 Rese	arch Blvd			
	Honeybaked Ham						
			Austin, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u>—</u>	Food/Beverage Exper	*	Staff lunch	eon			
X Political							
Non-Political	1 1 2 L	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
			e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 43/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$21.64	09/12/2024					
7 PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	Adobe Systems		345 Park A	Ave.			
				CA 95110-2704	1		
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descripti	on			
EXPENDITURE 	Office Overhead/Rent	· ·	Software				
X Political		···· —					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH	expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$52.97	09/12/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
	Shell Westlake Auto	o Care	98 Red Bu	d Trail			
			Austin, TX	78746			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top		Gasoline				
X Political	Transportation Equipr Expense	neni And Reialed					
Non-Political	<u> </u>	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$37.34	09/12/2024					
PAYEE	(a) Payee name	ı	(b) Payee ac	ddress;	City,	State,	Zip Code
			345 Park A	ve.			
	Adobe Systems						
			San Jose,	CA 95110-2704	1		
PURPOSE OF	PURPOSE OF (a) Category			on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	· ·	Software				
X Political	Janua Overneau/Rein	ш шлрензе					
Non-Political	. Г	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 44/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$77.96	09/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Circle K		4418 Hwy359					
0. PURPOSE OF	(a) Catagon		Laredo, TX 78043					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline					
X Political	Transportation Equiport Expense	ment And Related	Gusoiirie					
Non-Political	` _	of Texas. Complete Schedule T.		, officeholder living expe	ense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
TATILLE!								
	\$23.00	09/12/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Go Carwash		1919 Guadalupe St.					
			Laredo, TX 78043					
PURPOSE OF	(a) Category	(4)	(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Vehicle maintenance					
X Political	Expense							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$30.30	09/12/2024						
	Ψ00.00	03/12/2024						
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code		
	Amazan Markat Dia		P.O. Box 81226					
	Amazon Market Pla	ice						
	(a) Cataman		Seattle, WA 98108 (b) Description					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Supplies					
X Political	Office Overhead/Rental Expense							
Non-Political								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Janaidato/Oniocholdel	name one	o oougiit	Office field				
	L							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 45/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$54.05	09/12/2024				
7 PAYEE	(a) Payee name Shell Westlake Auto	o Care	(b) Payee address; 98 Red Bud Trail	City,	State,	Zip Code
			Austin, TX 78746			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description			
l <u> </u>	Transportation Equipr		Gasoline			
X Political	Expense					
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$12.00	09/12/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
	Texaco		2400 Exposition Blvd			
			Austin, TX 78745			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Gasoline			
X Political	Transportation Equipr Expense	neni Anu Reialeu				
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$108.25	09/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1400 Congress Ave. Ste E	Ξ. 1.0006		
	Texas Capital Gift S	Shop				
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Office items			
X Political	J					
Non-Political	(C) Check if travel outside	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)
Sch: 46/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 6,627	.55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	\$160.06	09/12/2024			
7 PAYEE	(a) Payee name Holiday Inn Austin	Гownlake	(b) Payee address; 20 North IH-35	City, State,	Zip Code
			Austin, TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
	Transportation Equipr	· ·	Staff lodging		
X Political	Expense				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held		
PAYMENT	(a) Amount Charged	(c) Date(s) Credit Card Issuer	r Daid		
PATWENT	(a) Amount Charged \$36.36	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuer	Palu	
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Shell Westlake Auto	o Care	98 Red Bud Trail		
			Austin, TX 78746		
PURPOSE OF	(a) Category	of this cabadula)	(b) Description		
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Gasoline		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$23.82	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuel	r Paid	
PAYEE	(a) Payee name Texas Capital Gift S	Shop	(b) Payee address; 1400 Congress Ave. Ste E Austin, TX 78701	City, State, E. 1.0006	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office items		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 47/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$20.07	09/12/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Shell		3828 Inter	state 35			
			Austin, TX	78751			
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Descripti	ion			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Gasoline				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u></u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$227.51	09/12/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Bartlett's Restaurar	nt	2408 W. A	nderson Lane			
			Austin, TX	78757			
PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· ·	Luncheon				
X Political	T courbeverage Exper	1100					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$174.32	09/12/2024					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			P.O. Box 6	6463			
	AT&T Mobility						
			Carol Stre	am, IL 60197			
PURPOSE OF							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Wireless to	elephone servic	e for office hole	der camp	aign work
X Political	Jinec Overneau/Nem	ш Елропос					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries (Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		TILK (enter a catego	ory flot listed at	bove)
1	Total pages Schedule F4:		·	•		3 Filer ID (Eth	ics Commiss	sion Filers)
ľ	Sch: 48/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$147.00	09/12/2024					
7	PAYEE	(a) Payee name Verizon Wireless		(b) Payee P.O. Box	75226	City,	State,	Zip Code
Ļ		() 0 :		Dallas, T				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	ption telephone servic	e for office ho	lder camp	aign work
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$63.74	(b) Date of Charge 09/12/2024	(c) Date(s)) Credit Card Issuer	Paid		
Г	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		7-Eleven		4040 S. I	Lamar Blvd.			
				Austin, T	X 78704			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equips Expense		(b) Descrip Gasoline				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held	•	
	PAYMENT	(a) Amount Charged \$456.79	(b) Date of Charge 09/12/2024	(c) Date(s)) Credit Card Issuer	Paid		
	PAYEE	(a) Payee name Holiday Inn Austin	Townlake	(b) Payee 20 North Austin, T	IH-35	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descri	ption			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH					Office held		
l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
	Sch: 49/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,627.	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$9.00	09/12/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Go Carwash			adalupe St.			
		() 2		Laredo,				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion naintenance			
	X Political	Transportation Equiportation Expense		veriicie ii	папцепапсе			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense	
	Complete ONLY if direct				Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$43.28	09/12/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Michaels		5510 Sar	n Bernardo			
L				Laredo,				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descrip				
	X Political	Office Overhead/Ren		Office su	pplies			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$86.58	09/12/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Amazan Markat Dia		P.O. Box	81226			
		Amazon Market Pla	ice					
				+	VA 98108			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
1		Office Overhead/Ren	,	Lighting				
	X Political							
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0 00116.64	Check if Austin, TX	, officeholder living ex	pense	
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	Aponditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		THEN (elitel a categor	y not listed a	bove)
1	Total pages Schedule F4:					3 Filer ID (Ethio	cs Commis	sion Filers)
<u> </u>	Sch: 50/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		-,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$47.97	09/12/2024					
7	PAYEE	(a) Payee name Circle K		(b) Payee 4418 Hw		City,	State,	Zip Code
					TX 78043			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descri	•			
	_	Transportation Equip		Gasoline	9			
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$56.19	09/12/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		SP Patriot Wood		4122 Stu	uart Circle Dr.			
				Ferndale	e, WA 98248			
Г	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office ite	em			
	X Political	omoo o vorrioddy rom	tai Experies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$33.23	09/12/2024					
	PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code
		The Finish Line Ca	r Wash	2900 Be	e Caves Rd.			
		The Finish Line oa		Austin, T	X 78746			
	PURPOSE OF	(a) Category		(b) Descri	•			
	EXPENDITURE	(See Categories listed at the top Transportation Equip	•	Vehicle r	maintenance			
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH					Office held		
T								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 51/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$1,043.77	10/01/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Etsy, Inc		117 Adams				
			Brooklyn ,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Office item				
X Political	Office Overhead/Rent						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$2.15	10/01/2024					
PAYEE	(a) Payee name		(b) Payee address; City, State				Zip Code
	Apple Company Sto	ore	1 Infinite L	oop			
			Cupertino,	CA 95014			
PURPOSE OF	(a) Category	-6 Abric In It I - \	(b) Descripti				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		QR Reade	er			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	` Г	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$260.74	10/01/2024					
PAYEE	(a) Payee name	ı	(b) Payee ac	ddress;	City,	State,	Zip Code
			14455 N. H	Hayden Rd., Ste	e. 219		
	Go Daddy						
			Scottsdale	, AZ 85260			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Domain				
X Political		I					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct							
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 52/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$18.93	10/01/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	Amazon Market Pla	ace	P.O. Box 8				
8 PURPOSE OF	(a) Category		Seattle, W. (b) Descripti				
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Office equi				
X Political	Office Overhead/Rent	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought				
expenditure to benefit C/OH		T					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$2.54	10/01/2024					
PAYEE	(a) Payee name	•	(b) Payee address; City, State				Zip Code
	Apple Company Sto	ore	1 Infinite L	оор			
			Cupertino,	CA 95014			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		I-cloud sto	rage			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$18.39	10/01/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			345 Park A	ve.			
	Adobe Systems						
			San Jose,	CA 95110-2704	1		
PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software				
X Political		I					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct							
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)				
Sch: 53/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$146.14	10/01/2024									
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Ebay Inc.		2025 Han	nilton Ave.							
				, CA 95125							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip								
X Political	Office Overhead/Rent	*	Office iter	ns							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Y if direct Candidate/Officeholder name Office sought			Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$119.08	10/01/2024									
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Etsy, Inc		117 Adam	ns Street							
			Brooklyn	NY 11201							
PURPOSE OF	(a) Category		(b) Descrip	tion							
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Texas Senate Donation								
X Political	Candidate/Officeholde										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$625.00	10/01/2024									
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code				
			2940 Jam	acha Rd. Ste F.							
	Treasured Accents										
			El Cajon,	CA 92019							
PURPOSE OF	(a) Category		(b) Descrip								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Office furr	niture							
X Political	Jinice Overneau/Reili	iai Eypeiise									
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedul				officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 54/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	[·] Paid		
		\$9.19	10/01/2024					
7	PAYEE	(a) Payee name Apple Company Sto	pre	(b) Payee at 1 Infinite L		City,	State,	Zip Code
L					CA 95014			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct Candidate/Officeholder name Office sough			e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$228.41	10/01/2024					
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
		Ebay Inc.		2025 Ham	ilton Ave.			
				San Jose,	CA 95125			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Office equ				
	X Political	Office Overfleau/Refit	lai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$2.15	(b) Date of Charge 10/01/2024	(c) Date(s) (Credit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l		A 1 C C t		1 Infinite L	.оор			
		Apple Company Sto	ore					
L				1 1	CA 95014			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense			I-cloud sto	rage			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
⊢		l .						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 55/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$18.93	10/11/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Amazon Market Pla	ace	P. O. Box 81226					
8 PURPOSE OF	(a) Category		Seattle, WA 98108 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Office items					
X Political	Office Overhead/Ren	tal Expense						
Non-Political	<u> </u>	of Texas. Complete Schedule T.		, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	() 4	[(1) D () (0)	1() 5 : () 6 : 11					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$2,800.00	10/11/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Covert Ford		11514 Research Blvd.					
			Austin, TX 78759					
PURPOSE OF	(a) Category	of this colored (Is)	(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Vehicle warranty plan					
X Political	Expense							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$10.81	10/11/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Amazon.com		P. O. Box 81226					
	Amazon.com		Seattle, WA 98108					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Promoting Literacy Progr	am				
X Political	Jilioc Overneau/Nem	ш Елропос						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 56/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
		\$21.64	10/11/2024								
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code			
		Adobe Systems		345 Park A	Ave.						
L				<u> </u>	CA 95110-2704	1					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti	on						
		Office Overhead/Ren		Software							
	X Political		•								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living exp	ense				
	Somplete <u>Gitta i</u> in amost			e sought		Office held					
Œ	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
		\$42.28	10/11/2024								
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code			
		7-Eleven		4040 S. La	ımar Blvd.						
				Austin, TX	78704						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Description Gasoline	on						
	X Political	Transportation Equipment Expense									
L	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
		\$29.99	10/11/2024								
Г	PAYEE	(a) Payee name	-	(b) Payee ad	ddress;	City,	State,	Zip Code			
		The Finish Line Ca	r Wash	2900 Bee (Caves Rd.						
		The Fillian Line Ga	vvasii								
L		() 0 :		Austin, TX							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Vehicle ma							
	X Political	Transportation Equipment And Related			antenance						
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
Ľ	expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
	Sch: 57/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
		\$36.85	10/11/2024								
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		7-Eleven		4040 S. Lamar Blvd.							
Ļ		(a) Oatawar		Austin, TX 78704							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline							
	X Political	Transportation Equiportation Expense		Gasoniie							
					, officeholder living expe	ense					
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	Office held								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	r Paid							
		\$15.00	10/11/2024								
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		Go Carwash		1919 Guadalupe St.							
L				Laredo, TX 78043							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Vehicle maintenance							
		Transportation Equip		venicie maintenance							
	X Political	Expense									
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	пате Опіс	e sought	Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
		\$14.78	10/11/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		Target		1910 Bob Bullock Loop							
				Laredo, TX 78045							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Supplies							
	X Political	Office Overhead/Ren	ан шхрензе								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 58/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$72.54	10/11/2024					
7	PAYEE	(a) Payee name		(b) Payee 2710 Bee	address; e Caves Rd.	City,	State,	Zip Code
		Chevron						
L				Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
		Transportation Equip	· ·	Gasoline				
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$10.00	10/11/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Chevron		2710 Bee	e Caves Rd.			
				Austin, T	X 78746			
	PURPOSE OF	(a) Category		(b) Descrip	ption			
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline	!			
	X Political	Expense	Hent / tha i velatea					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$172.12	10/11/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		The Home Denet		3600 S. I	IH 35 Frontage R	d. S		
		The Home Depot						
				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Office Overhead/Ren		Office eq	Juipment			
	X Political							
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 59/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 6,627.55			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$147.00	10/11/2024					
7 PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; P.O. Box 75226	City, State, Zip Code			
			Dallas, TX 75226				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	*	Wireless telephone servic	e for office holder campaign work			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH							
PAYMENT	(c) Date(s) Credit Card Issue	r Paid					
	\$174.32	10/11/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code			
	AT&T Mobility		P.O. Box 6463				
			Carol Stream, IL 60197				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Wireless telephone service for office holder campaign work				
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$21.62	11/01/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Amazan Markat Dis		P. O. Box 81226				
	Amazon Market Pla	ace					
			Seattle, WA 98108				
PURPOSE OF	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description				
EXPENDITURE	Office Overhead/Rent	,	Supplies				
X Political		· 					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 60/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$317.10	11/01/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Live Auctioneers			ark Avenue			
	(a) Oatawari		Redlands,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Office Overhead/Rent		Office items				
Non-Political	(c) Sheek in dated detailed in Texas. Complete Concedure 1.			officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$7.57	11/01/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon.com		P. O. Box	81226			
			Seattle, W	A 98108			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
EXPENDITURE X Political	Office Overhead/Rent		Promoting Literacy Program				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	-	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$9.19	11/01/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1 Infinite L	оор			
	Apple Company Sto	ore					
				CA 95014			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
EXPENDITURE	Office Overhead/Rent		Microsoft s	software			
X Political		•					
Non-Political	(*) —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 61/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$161.78	11/01/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Etsy, Inc		117 Adams				
			Brooklyn ,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Office item				
X Political	Office Overhead/Rent		Office items				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$205.68	11/01/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Etsy, Inc		117 Adams	s Street			
			Brooklyn ,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
X Political	Office Overhead/Rent		Office item	S			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$216.50	11/01/2024					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			799 W. Co	liseum Way			
	Bed Bath and Beyo	ond					
			Midvale, U	T 84047			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office item	S			
X Political	X Political Since Overneau/Kentai Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commis	sion Filers)
	Sch: 62/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDI	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
		\$77.13	11/13/2024					
7	PAYEE	(a) Payee name Etsy, Inc			address; ns Street , NY 11201	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descrip				
ľ	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office su				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, T	X, officeholder living e	xpense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
		\$65.14	11/13/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Circle K		4418 Hw	y359			
				Laredo,	ΓX 78043			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip Gasoline				
	Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, T	X, officeholder living e	xpense	
Г	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held	·	
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
		\$119.58	10/11/2024					
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		A 1-1 A		345 Park	Ave.			
		Adobe Acropo Syst	ems					
L				San Jose	e, CA 95110-270	04		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Office Overhead/Rent	,	Subscrip	tion			
	X Political		•					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)	
Sch: 63/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$48.92	10/11/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Shell Westlake Auto	o Care	98 Red Bud Trail				
			Austin, TX 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Transportation Equipr Expense	,	Gasoline				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$49.99	10/11/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	The Finish Line Car	r Wash	2900 Bee Caves Rd.				
			Austin, TX 78746				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Vehicle maintenance				
X Political	Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		n, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$251.20	10/11/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			2408 W. Anderson La	ine			
	Bartlett's Restaurar	nt					
			Austin, TX 78757				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	,	Luncheon				
X Political	. Soa, Botolago Expel						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 64/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$36.66	10/11/2024									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	7-Eleven		4040 S. Lamar Blvd.								
	(a) Oatawari		Austin, TX 78704								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline								
X Political	Transportation Equipr Expense		Gasoniie								
Non-Political	(c) de sissimilates caucat de soniplea concease in				ense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	Office held									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$86.58	10/11/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	The Home Depot		3600 S. IH 35 Frontage Rd. S								
			Austin, TX 78704								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Microwave for Capitol office								
X Political	Office Overhead/Rent		Microwave for Capitol office								
l <u>=</u>			_ <u>L</u>								
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Office	e sought	Office field							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$162.29	10/11/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Michaels		5510 San Bernardo								
			Laredo, TX 78041								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Office supplies								
X Political	Office Overhead/Rent	tal Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	lle T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held							
expenditure to benefit C/OH											
	•										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 65/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$185.65	10/11/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Lowe's Home Cente	ers, LLC	6623 San	Dario Avenue			
			Laredo, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
X Political	Office Overhead/Rent		Headquar	ters supplies			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$60.03	10/11/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Stripes		3320 San	Bernardo Ave.			
			Laredo, T	X 78040			
PURPOSE OF	(a) Category	(4)	(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$247.05	11/01/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
			327 Willia	ms Ave.			
	Flovery						
			Renton, W	/A 98057			
PURPOSE OF	(a) Category	of their coloradials)	(b) Descript				
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Office iten	าร			
X Political		i	<u> </u>				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH]						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this for	n.	(,,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 66/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$462.23	11/01/2024					
7 PAYEE	(a) Payee name Bidsquare Auction		(b) Payee addres 8414 Anderson	•	City,	State,	Zip Code
			Austin, TX 7872	29			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description				
EXPENDITURE	Office Overhead/Rent		Office items				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	⁻ Paid		
	\$2.54	11/01/2024					
PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code
	Apple Company Sto	ore	1 Infinite Loop				
			Cupertino, CA 9	95014			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		I-cloud storage				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	<u> </u>	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	· Paid		
	\$79.41	11/01/2024					
PAYEE	(a) Payee name	l	(b) Payee addres	s;	City,	State,	Zip Code
			117 Adams Str	eet			
	Etsy, Inc						
			Brooklyn , NY 1	.1201			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·	Office items				
X Political	Office Overflead/Refin	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held		
, , , , , , , , , , , , , , , , , , , ,							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)				
	Sch: 67/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid						
		\$400.00	11/01/2024									
7	PAYEE	(a) Payee name SP Patriot Wood		(b) Payee ad 4122 Stua	ddress; rt Circle Dr.	City,	State,	Zip Code				
L				Ferndale, \	WA 98248							
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office items								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	TX, officeholder living expense						
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	-	Office held						
е	expenditure to benefit C/OH											
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid						
		\$18.39	11/01/2024									
	PAYEE	(a) Payee name	•	(b) Payee address; City,				Zip Code				
		Adobe Acropo Syst	tems	345 Park <i>A</i>	Ave.							
				San Jose,	CA 95110-2704	4						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descripti Software	ion							
	X Political	omee overnead/ivem	tai Experise									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid						
		\$16.32	11/01/2024									
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
		Etas la a		117 Adams	s Street							
		Etsy, Inc										
L				Brooklyn ,								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti								
	X Political	Office Overhead/Rent	,	Office item	1							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	Office sought Office held								
_		l .										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 68/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$141.22	11/13/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Adobe Acropo Syst	ems	345 Park Ave.	4				
8 PURPOSE OF	(a) Category		San Jose, CA 95110-270 (b) Description	4				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Software					
X Political	Office Overhead/Ren	tal Expense						
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought Office held					
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid				
PATMENT	(a) Amount Charged	(b) Date of Charge						
	\$81.29	11/13/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Shell Austin		3310 N. Capital of Texas	Highway				
			Austin, TX 78746					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
EXPENDITURE	Transportation Equip		Gasoline					
X Political	Expense							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living expe	nse			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$29.99	11/13/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	The Finish Line Ca	r Wash	2900 Bee Caves Rd.					
			Austin, TX 78746					
PURPOSE OF	(a) Category	· · · · · · · · · · · · · · · · · · ·						
EXPENDITURE	(See Categories listed at the top	,	Vehicle maintenance					
X Political	Transportation Equipa Expense	neni Anu Reialeu						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 69/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$16.91	11/13/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Shell Austin		3310 N. Capital of Texa	s Highway		
			Austin, TX 78746			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description			
l <u> </u>	Transportation Equipr		Gasoline			
X Political	Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	ΓX, officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$59.04	11/13/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Circle K		4418 Hwy359			
			Laredo, TX 78043			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Gasoline			
X Political	Transportation Equipr Expense	neni Anu Reialeu				
Non-Political		of Texas. Complete Schedule T.	Check if Austin,	ΓΧ, officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$215.63	11/13/2024				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			20 North IH-35			
	Holiday Inn Austin	Townlake				
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Staff lodging			
X Political	Traver in District					
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o				xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 70/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$59.62	11/13/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Circle K		4418 Hwy359					
	() 0 :		Laredo, TX 78043					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline					
X Political	Transportation Equipr Expense	ment And Related						
Non-Political	· · · —	of Texas. Complete Schedule T.		, officeholder living expe	ense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$16.22	11/13/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Michaels		5510 San Bernardo					
			Laredo, TX 78041					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Office Overhead/Rent		Office supplies					
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$1,749.65	11/13/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	SP Patriot Wood		4122 Stuart Circle Dr.					
			Ferndale, WA 98248					
PURPOSE OF EXPENDITURE	1	gory (b) Description ories listed at the top of this schedule) Office items						
X Political	Office Overhead/Rent	ıaı ⊏xµerise						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 71/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
	\$175.47	11/13/2024					
7 PAYEE	(a) Payee name Holiday Inn Austin	Airport		Ben White Blvd	City,	State,	Zip Code
0 DUDDOCE OF	(a) Category		Austin, T (b) Descrip				
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodg				
X Political	Travel In District		Otan loug	jg			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
	\$3,319.25	11/13/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Gallery of the Repu	blic	98 San Jacinto Blvd.				
			Austin, T	X 78071			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Flags				
X Political	Office Overflead/Neth	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
	\$2,253.98	11/13/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Pok-E-Jo's Smokeh	201100	2121 W.	Parmer Lane			
	FUR-E-JUS SITIUKEI	louse					
DI IDDOCE OF	(a) Catagony		Austin, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	nense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	CHECK II AUSUII, 1X,	Office held	,c1136	
expenditure to benefit C/OH			J				
	l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 72/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$21.24	11/13/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Holiday Inn Austin ⁻	Townlake	20 North IH-35				
8 PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodging				
X Political	Travel In District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$17.47	10/11/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Chevron		2710 Bee Caves Rd.				
			Austin, TX 78746				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Transportation Equipr	•	Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	Office held	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$83.85	10/11/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	A		P. O. Box 81226				
	Amazon Market Pla	ace	Seattle, WA 98108				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Office equipment				
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
				<u> </u>			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 73/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$457.94	10/11/2024					
7	PAYEE	(a) Payee name Holiday Inn Austin ⁻	Townlake	(b) Payee 20 North	IH-35	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		Austin, T (b) Descrip				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff lodg				
	X Political	Travel In District		Otan loug	jg			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
e	expenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	⁻ Paid		
		\$799.95	10/11/2024					
	PAYEE	(a) Payee name		(b) Payee address; City, State				Zip Code
		SP Patriot Wood		4122 Stu	art Circle Dr.			
				Ferndale	, WA 98248			
	PURPOSE OF	(a) Category	of this colored (Is)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	m			
	X Political							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$199.95	10/11/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		CD Detriet Wood		4122 Stu	art Circle Dr.			
		SP Patriot Wood						
L	DUDDOOT 05	(a) Cataman			, WA 98248			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Onice ite	IIIS			
	Non-Political	(a) Chapte if transit and it	of Toyon, Complete Calcadala T		Charlett Access To	officeholder living	0000	
\vdash	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
 	Complete ONLY if direct expenditure to benefit C/OH	Canadato/Onicendidei	name Office	o sougiii		Omice Helu		
F	,							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 74/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$11.98	10/11/2024							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Shell		3828 Inters	state 35					
			Austin, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on					
X Political	Transportation Equip		Gasoline						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
	\$37.87	10/11/2024							
PAYEE	(a) Payee name		(b) Payee address; City,			State,	Zip Code		
	Michaels		5510 San	Bernardo					
			Laredo, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Descripti	on					
X Political	Office Overhead/Ren		Frames						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	r name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$193.40	10/11/2024							
PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code		
			20 North I	H-35					
	Holiday Inn Austin	Townlake							
			Austin, TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Descripti						
l <u> </u>	Travel In District	of this schedule)	Staff lodgir	ng					
X Political									
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	r name Office	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Polling Expense Travel in Printing Expense Travel Contract Labor OTHER

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 75/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$22.89	10/11/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Amazon Market Pla	ace	P. O. Box 81226					
8 PURPOSE OF	(a) Category		Seattle, WA 98108 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Office supplies					
X Political	Office Overhead/Rent	tal Expense						
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid				
PATMENT	(a) Amount Charged	(b) Date of Charge						
	\$180.21	11/01/2024						
PAYEE	(a) Payee name		(b) Payee address;	State,	Zip Code			
	Ebay Inc.		2025 Hamilton Ave.					
			San Jose, CA 95125					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
EXPENDITURE	Office Overhead/Rent		Office items					
X Political								
Non-Political	· · · —	of Texas. Complete Schedule T.		, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$327.04	11/01/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Kitchen Dance		1331 S. Santa Fe Ave.					
			San Jacinto, CA 92583					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies					
X Political	Jinice Overneau/Rem	iai Eypeiise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 76/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$3,910.36	11/01/2024					
7 PAYEE	(a) Payee name Apple Company Ste	ore	(b) Payee a 1 Infinite L		City,	State,	Zip Code
			1	, CA 95014			
8 PURPOSE OF EXPENDITURE	(a) Category	-f.de:ld.d-\	(b) Descript				
l <u> </u>	(See Categories listed at the top Office Overhead/Ren		Two Apple	e I-phones			
X Political		•					
Non-Political	\frac{1}{2} \frac{1}{2}	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct				Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$53.04	11/01/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Apple Company Sto	ore	1 Infinite L	_oop			
			Cupertino	, CA 95014			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descript Cellphone	tion hardware			
X Political	Office Overhead/Ren	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$803.40	(b) Date of Charge 11/01/2024	(c) Date(s)	Credit Card Issuei	r Paid		
PAYEE	(a) Payee name	L	(b) Payee a	iddress;	City,	State,	Zip Code
			3636McKi	nney Avenue			
	Christian Iles						
			Dallas, TX	75204			
PURPOSE OF	(a) Category	-f.4b-i	(b) Descript				
EXPENDITURE	(See Categories listed at the top Event Expense	oi uiis scriedule)	Photograp	ohy session			
X Political							
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office				Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to comple	te this form.	(9	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 77/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXP	AL OF UNITEMIZED ENDITURES RGED TO A CREDIT D	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	er Paid		
	\$2.15	11/01/2024					
7 PAYEE	(a) Payee name Apple Company Sto	ore		ee address; te Loop	City,	State,	Zip Code
				ino, CA 95014			
8 PURPOSE OF	(a) Category	of this sahadula)	(b) Des	·			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		I-cloud	storage			
X Political		tar Expondo					
					, officeholder living ex	kpense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	er Paid		
	\$451.20	11/13/2024					
PAYEE	(a) Payee name	l	(b) Pay	ee address;	City,	State,	Zip Code
	Amazon Market Pla	ace	P. O. E	3ox 81226			
			Seattle	e, WA 98108			
PURPOSE OF	(a) Category		(b) Des				
EXPENDITURE	(See Categories listed at the top		Suppli	es			
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX	, officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Credit Card Issue	er Paid		
	\$80.40	11/13/2024					
PAYEE	(a) Payee name	l	(b) Pay	ee address;	City,	State,	Zip Code
			98 Red	d Bud Trail	•		·
	Shell Westlake Auto	o Care					
			Austin	TX 78746			
PURPOSE OF	(a) Category		(b) Des				
EXPENDITURE	(See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	Gasoli	ne			
X Political	Transportation Equipr Expense	neni And Related					
Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethic	s Commiss	sion Filers)					
	Sch: 78/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
		\$19.15	11/13/2024								
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		7-Eleven		4040 S. Lamar Blvd.							
Ļ		(a) Oata war		Austin, TX 78704							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gasoline							
	X Political	Transportation Equipr Expense		Gasoniie							
	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expe	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	Office held							
е	xpenditure to benefit C/OH	() 1	[(1) D () (1)	1//5 / // 6 // 6	5 : 1						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
		\$423.21	11/13/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		OfficeMax, Inc.		907 W 5th St., Ste. 101							
				Austin, TX 78703							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
		Office Overhead/Rent		Office supplies							
	X Political			<u> </u>							
	Non-Political	` 1	of Texas. Complete Schedule T.		officeholder living expe	ense					
ے ا	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Onice	e sought	Office held						
۲	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
		\$57.23	11/13/2024								
		φ37.23	11/13/2024								
H	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		, ,		4040 S. Lamar Blvd.			·				
		7-Eleven									
L				Austin, TX 78704							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description							
		` '	ation Equipment And Related Gasoline								
	X Political	Expense									
L	Non-Political	(*) L	of Texas. Complete Schedule T.		officeholder living expe	ense					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 79/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$21.63	11/13/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Michaels		5510 San I				
			Laredo, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Frames				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$50.11	11/13/2024					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Shell		3828 Inters	state 35			
			Austin, TX	78751			
PURPOSE OF	(a) Category	of this colored (Is)	(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Gasoline				
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$56.03	11/13/2024					
PAYEE	(a) Payee name	I	(b) Payee ad	ddress;	City,	State,	Zip Code
			2900 Bee	Caves Rd.			
	The Finish Line Car	r Wash					
			Austin, TX	78746			
PURPOSE OF	(a) Category	(II)	(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Vehicle ma	aintenance			
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct							
expenditure to benefit C/OH	xpenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries (Contract Labor

	Candidate/Officerolder/Folitica	3	ruction Guide explains how	to complete th		TIER (enter a categor	y not listeu a	bove)
1	Total pages Schedule F4:		·			3 Filer ID (Ethic	s Commis	sion Filers)
ľ	Sch: 80/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$ 6,627.55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$55.45	11/13/2024					
7	PAYEE	(a) Payee name Chevron		(b) Payee at 2710 Bee	Caves Rd.	City,	State,	Zip Code
L				Austin, TX				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descripti Gasoline	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	-	Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$12.00	11/13/2024					
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
		Texaco		2400 Expo	sition Blvd			
				Austin, TX				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr		(b) Descripti Gasoline	on			
	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living eve	0000	
	Complete ONLY if direct	Candidate/Officeholder	·	<u>L</u> e sought	Check if Austin, TX,	officeholder living exp	erise	
е	xpenditure to benefit C/OH	Canadate/Oniceriolaer	That is a second of the second	o oougiit		Office field		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issuer	Paid		
		\$34.14	11/13/2024					
Г	PAYEE	(a) Payee name	-	(b) Payee a	ddress;	City,	State,	Zip Code
		Amazon Market Pla	ace	P. O. Box	81226			
				Seattle, W	A 98108			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
	X Political	Office Overhead/Rent	tal Expense	отное зарриез				
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this for	m.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 81/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
	\$193.40	11/13/2024						
7 PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code	
	Holiday Inn Austin ⁻	Townlake	20 North IH-35					
			Austin, TX 787	01				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Travel In District		Staff lodging					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
	\$813.64	11/13/2024						
PAYEE	(a) Payee name	•	(b) Payee addres	s;	City,	State,	Zip Code	
	Holiday Inn Austin ⁻	Townlake	20 North IH-35	5				
			Austin, TX 787	01				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Staff lodging					
X Political	Travor in Biotilot							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
	\$54.04	11/13/2024						
PAYEE	(a) Payee name	ı	(b) Payee addres	s;	City,	State,	Zip Code	
			P. O. Box 8122	26				
	Amazon Market Pla	ace						
			Seattle, WA 98	108				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	I-phone cable s	supplies				
X Political	Jinec Overneau/Nein	ш Елропос						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	•							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 82/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$147.06	11/13/2024							
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
	Verizon Wireless		P.O. Box	75226					
			Dallas, TX	75226					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this sahadula)	(b) Descripti						
X Political	Office Overhead/Rent		Wireless telephone service for office holder camp						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C						
	\$174.32	11/13/2024							
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
	AT&T Mobility		P.O. Box 6	463					
				am, IL 60197					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Wireless to	on elephone servic	e for office ho	lder camp	aign work		
X Political	Office Overfiedd/item	tai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$428.31	11/13/2024							
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
			P.O. Box 4	50528					
	Ascending Technol	ogies, Inc							
			Laredo, TX	78045					
PURPOSE OF	(a) Category (See Categories listed at the top	of this calcadula)	(b) Description						
EXPENDITURE	Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·	1 Sullwate Set up						
X Political	Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct Candidate/Officeholder name Office sought					Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 83/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$41.35	10/11/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	FedEx Freight		P. O. Box	10306			
				L 60055-0306			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti	on			
X Political	Office Overhead/Rent		Shipping				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$288.91	10/11/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	SP Patriot Wood		4122 Stua	rt Circle Dr.			
			Ferndale, \	WA 98248			
PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		State seals	6			
X Political		,					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$191.49	11/26/2024					
PAYEE	(a) Payee name	I .	(b) Payee a	ddress;	City,	State,	Zip Code
			P. O. Box	81226			
	Amazon Market Pla	ace					
			Seattle, W	A 98108			
PURPOSE OF	(a) Category (See Categories listed at the top	of their coloradials)	(b) Descripti				
EXPENDITURE 	Office Overhead/Rent		Office item	IS			
X Political		1	<u> </u>				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 84/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$361.45	11/26/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Etsy, Inc		117 Adams	s Street			
			Brooklyn ,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
X Political	Office Overhead/Rent		Office item				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$484.18	11/26/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Live Auctioneers		1547 W. P	ark Avenue			
			Redlands,	CA 92373			
PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office item	1			
X Political		,					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$9.19	11/26/2024					
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code
	1		1 Infinite L	оор			
	Apple Company Sto	ore					
			Cupertino,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descripti				
l <u>—</u>	Office Overhead/Rent		Microsoft C	Office subscripti	on		
X Political		•					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
	Sch: 85/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid		
		\$346.02	11/26/2024					
7	PAYEE	(a) Payee name Etsy, Inc		(b) Payee 117 Ada	address; ms Street	City,	State,	Zip Code
		Lisy, inc		Dun alah sa	NIV 44004			
8	PURPOSE OF	(a) Category		(b) Descri	, NY 11201			
ľ	EXPENDITURE	(See Categories listed at the top		Office ite				
	X Political	Office Overhead/Rent	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid		
		\$24.87	11/26/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Amazon.com		P. O. Bo	x 81226			
L					WA 98108			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Promotin	g Literacy Progr	am		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid		
		\$1,275.19	11/26/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Ebay Inc.		2025 Ha	milton Ave.			
		Lbdy mo.		Can lead	CA 05105			
┝	PURPOSE OF	(a) Category		(b) Descri	e, CA 95125			
	EXPENDITURE	(See Categories listed at the top	,	Office ite				
	X Political	Office Overhead/Rent	tal Expense	Gilles Reini				
	Non-Political	itical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
								_

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica		ruction Guide explains how	to complete		TIEN (elitel a categor	y not listed a	bove)
1	Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	•		3 Filer ID (Ethio	cs Commis	sion Filers)
ľ	Sch: 86/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$311.71	11/26/2024					
7	PAYEE	(a) Payee name Ebay Inc.			milton Ave.	City,	State,	Zip Code
Ļ		(-) O-t			e, CA 95125			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Office item				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$20.18	11/26/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Ebay Inc.		2025 Ha	milton Ave.			
L					e, CA 95125			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	•			
	X Political				_			
L	Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$2.54	(b) Date of Charge 11/26/2024	(c) Date(s)) Credit Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Apple Company Sto	ore	1 Infinite	Loop			
L				Cupertin	o, CA 95014			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	•			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
e	Complete ONLY if direct expenditure to benefit C/OH	e ONLY if direct						
H								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 87/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$502.25	11/26/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Sunnyland Farms		P.O. Box 8	3200				
			Albany, G					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript	ion				
X Political	Office Overhead/Ren	•	Supplies					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$331.20	11/26/2024						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	France & Son		122 W. 18	th St.				
			New York,	NY 10011				
PURPOSE OF	(a) Category	of this cohodule)	(b) Descript					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office item	1				
X Political								
Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH		1	1	-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$530.43	11/26/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	\//\ O======t=		9413 Bell	Mountain Dr.				
	VK Concepts LLC							
			Austin, TX 78730					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description					
EXPENDITURE	Office Overhead/Ren	•	Office item	1				
X Political		•						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	,-							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this for	m.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 88/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$1,081.90	11/26/2024					
7 PAYEE	(a) Payee name	•	(b) Payee addres	s;	City,	State,	Zip Code
	Ebay Inc.		2025 Hamilton	Ave.			
			San Jose, CA 9	95125			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Office Overhead/Ren		Office items				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$515.28	11/26/2024					
PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code
	Perigold		4 Copley Place	, Floor 7			
			Boston, MA 02	116			
PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office items				
X Political		•					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	: Card Issuer	Paid		
	\$18.39	11/26/2024					
PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code
	Adaba Assas Cont		345 Park Ave.				
	Adobe Acropo Syst	ems					
			San Jose, CA 95110-2704				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
	Office Overhead/Ren	,	Software				
X Political		•					
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		ck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 89/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
	\$594.00	08/01/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Hudson Vine		1 2nd St.				
	() 0 :			ity, NJ 07305			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Office Overhead/Ren		Office ite	iiis			
Non-Political		of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		I	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
	\$108.25	08/01/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Perigold		4 Copley	Place, Floor 7			
				ИА 02116			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Office Overhead/Ren		Office ite	ms			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, T	X, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
	\$78.96	09/12/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	FodFy Freinbt		P. O. Box	< 10306			
	FedEx Freight						
				, IL 60055-0306			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
l <u> </u>	Transportation Equip	•	Shipping				
X Political	Expense		<u> </u>				
Non-Political	(7)	of Texas. Complete Schedule T.	o coucht	Check if Austin, T	X, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
experientale to belieffit C/OF							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 90/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$167.77	11/01/2024					
7 PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	Perigold		4 Copley P	Place, Floor 7			
			Boston, MA				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Office items				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$34.44	09/12/2024					
PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
	OfficeMax, Inc.		907 W 5th	St., Ste. 101			
			Austin, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti	on			
X Political	Office Overhead/Rent		Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$84.99	08/01/2024					
PAYEE	(a) Payee name	I	(b) Payee ac	ddress;	City,	State,	Zip Code
			14455 N. H	Hayden Rd., Ste	e. 219		
	Go Daddy						
			Scottsdale, AZ 85260				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Domain				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	olete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)				
Sch: 91/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,627.5	55				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid						
	\$16.17	07/12/2024									
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code				
	Chick-fil-A		5118 McI	Pherson Rd.							
			Laredo, 1								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip								
X Political	Food/Beverage Expe		Stall lulic	meon							
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid						
	\$24.53	08/12/2024									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Lowe's Home Cent	ers, LLC	6623 Sar	n Dario Avenue							
			Laredo, 7	ΓX 78041							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip								
X Political	Office Overhead/Ren		Equipme	nt							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	[·] Paid						
	\$23.96	10/11/2024									
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code				
	Chick-fil-A		5118 McI	Pherson Rd.							
	CHICK-III-A										
	(a) Oata war		Laredo, 7								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip								
X Political	Food/Beverage Expe	nse	Jan Iune	лсоп							
Non-Political	(a) Chapte if translation	of Toyon Complete Calcabilla T		Charlett Access To	officeholder lining	ones					
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck if Austin, TX,	officeholder living exp	ense					
expenditure to benefit C/OH	Janaiaato, Omocnolido	Office	o oougiit		Jinoo nolu						
, , , , , , , , , , , , , , , , , , , ,	l										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)		
	Sch: 92/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged \$18.84	(b) Date of Charge 11/01/2024	(c) Date(s)	Credit Card Issue	r Paid				
7	PAYEE	(a) Payee name Go Daddy		(b) Payee address; City, State, Zip 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Domain						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.]	Check if Austin, TX,	officeholder living expe	ense			
9 	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	TAIMEN	\$38.92	07/12/2024	(c) Date(3)	Credit Card 1330Cl	Talu				
	PAYEE	(a) Payee name Google			address; phitheater Pkwy View, CA 94043	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Descrip Gmail ser	tion	<u> </u>				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	i	Check if Austin, TX,	officeholder living expe	ense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$18.84	(b) Date of Charge 11/26/2024	(c) Date(s)	Credit Card Issue	r Paid				
	PAYEE	(a) Payee name Go Daddy			address; Hayden Rd., Ste e, AZ 85260	City, e. 219	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Domain						
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	2 0011000	Check if Austin, TX,	officeholder living expe	ense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 93/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$134.17	08/12/2024					
7 PAYEE	(a) Payee name Chick-fil-A		(b) Payee 5118 Mc	address; Pherson Rd.	City,	State,	Zip Code
			Laredo,	ΓX 78041			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cabady (a)	(b) Descrip				
X Political	Food/Beverage Expe		Staff lund				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$185.28	07/01/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Ebay Inc.		2025 Hai	milton Ave.			
			San Jose	e, CA 95125			
PURPOSE OF	(a) Category	-6 Abi	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	ms			
X Political		•					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$38.92	08/12/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Caarla		1600 Am	phitheater Pkwy			
	Google						
			+	View, CA 94043			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gmail server				
X Political	Office Overhead/Rent		Gillali Se	ivei			
			<u>_</u> _				
Non-Political							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Office	= sougiii		Office held		
Inpondició de bonom oron							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethic	s Commiss	sion Filers)						
Sch: 94/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,627.5	55					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$38.92	09/12/2024									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Google		1600 Amphitheater Pkwy								
0. DUDDOOF 05	(a) Cotogon		Mountain View, CA 94043 (b) Description	3							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Gmail server								
X Political	Office Overhead/Rent	tal Expense	Oman server								
Non-Political	· · · —	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
9 Complete ONLY if direct	Candidate/Officeholder	Office held									
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a) Cradit Card Inc.	r Daid							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	i Palu							
	\$38.92	10/11/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Google		1600 Amphitheater Pkwy								
			Mountain View, CA 94043	3							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
	Office Overhead/Rent		Gmail server								
X Political											
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$38.92	11/13/2024	(-)(-)								
	Ψ30.32	11/15/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			1600 Amphitheater Pkwy								
	Google										
			Mountain View, CA 94043	3							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
		ories listed at the top of this schedule) Overhead/Rental Expense Gmail server									
X Political	<u> </u>	<u></u>									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	_	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete t	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 95/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 6,627.55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$163.32	09/02/2024					
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Amazon Market Pla	ace	P.O. Box				
					VA 98108			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
	X Political	Office Overhead/Rent		Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$1,758.07	12/13/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Chicago Doole		11030 S.	Langley Ave.			
		Chicago Books						
				Chicago,				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Gift/Awards/Memorial		Legislativ	e giπs			
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH	() 4 () 4	L (1) D (1) (1)	1() 5 (()	0 17 0 11	D ::1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$209.43	12/13/2024					
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
				20 North				·
		Holiday Inn Austin ⁻	Townlake					
				Austin, T	X 78701			
Г	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Staff lodg	jing			
	X Political	Expense	HEHLAHU NEIALEU					
	Non-Political					officeholder living exp	ense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office				Office held				
е	xpenditure to benefit C/OH							
		•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete thi	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 96/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,627.5	55		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$40.77	12/13/2024							
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
		Exxon		2719 E. Sa	unders					
L				Laredo, TX	78041					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti	on					
	EXPENDITURE	Transportation Equipr		Gasoline						
	X Political	Expense								
	Non-Political	(c) Constant at the states of				officeholder living exp	ense			
	Complete ONLY if direct				Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			Paid					
		\$23.00	12/13/2024							
	PAYEE	(a) Payee name		(b) Payee address;			State,	Zip Code		
		Go Carwash		1919 Guad	lalupe St.					
				Laredo, TX	78043					
	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense	•	Vehicle ma	intenance					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$152.97	12/13/2024							
Г	PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code		
		B. daw B. da		2408 W. A	nderson Lane					
		Bartlett's Restaurar	ıt							
L				Austin, TX						
	PURPOSE OF EXPENDITURE	(a) Category	of this schedule)	(b) Description	on					
	X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense								
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				T. Check if Austin, TX, officeholder living expense				
厂	Complete ONLY if direct				<u> </u>	Office held				
e	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 97/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$375.69	12/13/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Holiday Inn Austin	Townlake	20 North I				
	(-) 0-1		Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Travel In District	·	Staff lodging				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$52.97	12/13/2024					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Circle K		4418 Hwy3	359			
			Laredo, TX	< 78043			
PURPOSE OF	(a) Category	(4)	(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipm		Gasoline				
Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		7 Chock if Austin TV	officeholder living expe	oneo	
Complete ONLY if direct	Candidate/Officeholder		<u>L</u> e sought	Check if Austin, 17,	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	⁻ Paid		
	\$6.71	12/13/2024					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			3320 San	Bernardo Ave.			
	Stripes						
			Laredo, TX	< 78040			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti	on			
EXPENDITURE	Transportation Equipr	,	Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct							
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)				
	Sch: 98/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.	55				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
		\$88.70	12/13/2024									
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code				
		AT&T Mobility		P.O. Box	6463							
					eam, IL 60197							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion							
	X Political	Office Overhead/Rent	· ·	X								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living exp	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
е	expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
		\$62.11	12/13/2024									
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
		7-Eleven		4040 S. I	amar Blvd.							
				Austin, T	X 78704							
	PURPOSE OF	(a) Category		(b) Descrip	otion							
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline								
	X Political	Expense										
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
		\$78.46	12/13/2024									
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
l		A dala a A augus a Court		345 Park	Ave.							
l		Adobe Acropo Syst	ems									
L					, CA 95110-270	4						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion							
1		Office Overhead/Rent	,	Software								
	X Political											
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense					
_	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
╚	Apenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete the	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 99/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$30.78	12/13/2024					
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	Shell Austin			Capital of Texas	Highway		
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion			
X Political	Transportation Equipr	•	Gasoline				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$73.17	12/13/2024					
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	Chevron		2710 Bee	Caves Rd.			
			Austin, TX	< 78746			
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.]	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$38.62	12/13/2024					
PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code
			5118 McP	herson Rd.			
	Chick-fil-A						
			Laredo, T	X 78041			
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Staff lunch	neon			
X Political	T Journeverage Expen	1136					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check i				officeholder living exp	ense	
Complete ONLY if direct	ILY if direct Candidate/Officeholder name Office sought Office held				Office held		
expenditure to benefit C/OH	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 100/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$212.45	12/13/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	SP Patriot Wood		4122 Stua	rt Circle Dr.			
			Ferndale,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Office Overhead/Rent		Office item	IS			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$111.80	12/13/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon Market Pla	ace	P. O. Box	81226			
			Seattle, W	A 98108			
PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office Sup	plies			
Non-Political	(a)	of Towns Committee Colombia		7 Observativity Asserting TV	-#611		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH	Candidate/Oniceriolaer	name Ome	c sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$147.13	12/13/2024	(6) 2 416 (6)				
PAYEE	(a) Payee name	l	(b) Payee a	ddress:	City,	State,	Zip Code
			P.O. Box		C.t.y,	Otolio,	p
	Verizon Wireless		1.10.20%	. 0220			
			Dallas, TX 75226				
PURPOSE OF (a) Category			(b) Descripti				
EXPENDITURE		1.1			e for office hole	der camp	aign work
X Political	Jince Overneau/Rein	іаі Ехрепое					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 101/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER	Soo provious			F UNITEMIZED ITURES ED TO A CREDIT	\$	6,627.5	55		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$304.08	12/13/2024							
7 PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code		
	Holiday Inn Austin ⁻	Townlake	20 North 1	H-35					
			Austin, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
X Political	Travel In District	,	Staff lodgir	ıg					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
	\$42.29	12/13/2024							
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code		
	Stripes		3320 San	Bernardo Ave.					
			Laredo, TX	78040					
PURPOSE OF	(a) Category	of Abrica and a dealer)	(b) Descripti	on					
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline						
X Political	Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$38.92	12/13/2024							
PAYEE	(a) Payee name	l	(b) Payee ac	ddress;	City,	State,	Zip Code		
			1600 Ampl	hitheater Pkwy					
	Google								
			Mountain \	/iew, CA 94043	3				
PURPOSE OF	(a) Category	of Abrica and a shallow	(b) Descripti						
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		G-mail ser	ver					
X Political		i							
Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH]								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 102/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	55	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$62.76	12/13/2024					
7	PAYEE	(a) Payee name Adobe Acropo Syst	ems	(b) Payee 345 Park	Ave.	City,	State,	Zip Code
L		() 2 :			e, CA 95110-2704	1		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Sollware				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$86.56	12/13/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Michaels		5510 Saı	n Bernardo			
				Laredo, ⁻	ΓX 78041			
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Frames				
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$199.95	12/13/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		The Finish Line Co.	1 \\	2900 Be	e Caves Rd.			
		The Finish Line Ca	vvasn					
				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Transportation Equipr	,	venicie r	naintenance			
	X Political	Expense						
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
 	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash	expenditure to benefit C/OH							
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.						
1	Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)				
	Sch: 103/105 Rpt:	Zaffirini, Judith (The Honorable)			00020971						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$63.38	12/13/2024								
7	PAYEE	(a) Payee name Shell Westlake Auto	o Care	(b) Payee 98 Red E Austin, T	Bud Trail	City,	State,	Zip Code			
8	PURPOSE OF	(a) Category		(b) Descrip							
ľ	EXPENDITURE	(See Categories listed at the top		Gasoline							
	X Political	Transportation Equipr Expense	nent And Related								
	Non-Political		of Texas. Complete Schedule T.	L	Check if Austin, TX	K, officeholder living	expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$57.71	12/13/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Moreno's Kwik Stop)	3601 Jaime Zapata Memorial Hwy.							
				Laredo,	TX 78043						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip Gasoline	otion						
	Non-Political		of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX	K, officeholder living	expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$96.20	09/02/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Amazon Market Pla	200	P.O. Box	81226						
		Amazon warket i i		, ,,							
L	DUDDOCE OF	(a) Category		(b) Descrip	VA 98108						
	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Supplies	Juon						
	X Political	Office Overhead/Rent	tal Expense	Cappilos							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX	C, officeholder living	expense				
\vdash	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>	Office held	***				
е	expenditure to benefit C/OH			-							
Н											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 104/105 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	55	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$27.87	09/02/2024					
7	PAYEE	(a) Payee name Amazon Market Pla	ace	(b) Payee P.O. Box		City,	State,	Zip Code
					WA 98108			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$331.20	09/02/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		France & Son		122 W. 1	8th St.			
				New Yor	k, NY 10011			
	PURPOSE OF	(a) Category	of Abic colored (In)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office ite	ms			
	X Political		,					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuei	r Paid		
		\$58.97	09/02/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		The Heave Devet		3600 S. I	H 35 Frontage R	d. S		
		The Home Depot						
L				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Office Overhead/Rent		Equipme	m			
	X Political							
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH							
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Awards	rage Expense s/Memorials Expense ices	Polling Expense T Printing Expense T	ravel in District ravel Qut of District THER (enter a category not listed above)
		The Insti	ruction Guide explains l	how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 105/105 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	. 6 627 FF
	ISSUER	see pi	evious	EXPENDITURES CHARGED TO A CREDIT CARD	6,627.55
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
		\$15.54	09/02/2024		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
				P.O. Box 81226	
		Amazon Market Pla	ice		
				Seattle, WA 98108	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
		Office Overhead/Rent		Supplies	
	X Political				
	Non-Political	(1)	of Texas. Complete Schedule	<u> </u>	officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held
е.	xpenditure to benefit C/OH				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1			ages Schedule K: /4 Rpt: 198/201	
2	FILER NAME			3			(Ethics Commission	on Filers)
	Zaffirini, Jud	ith	(The Honorable)		00	020	971	
4	Date 08/12/2024	6	Name of person from whom amount is received American Express Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$160.00
			Dallas, TX 75265					
		7	Purpose for which amount is received	k if polition	cal c	contr	ibution returned to fil	er
	Date		Name of person from whom amount is received				Amount (\$)	
	08/12/2024		American Express					\$28.99
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Dallas, TX 75265					
		H	Purpose for which amount is received	k if politic	cal c	contr	ibution returned to fil	er
			Refund					
	Date	_	Name of parson from whom amount is received				Amount (\$)	
	09/02/2024		Name of person from whom amount is received American Express				Amount (\$)	\$163.32
	03/02/2024	ļ	Address of person from whom amount is received; City; State; Zip Code					Ψ100.02
			Dallas, TX 75265					
			Purpose for which amount is received	k if polition	cal c	contr	ibution returned to fil	er
		L						
	Date		Name of person from whom amount is received				Amount (\$)	
	08/01/2024	ļ	Guerrero, Gilberto					\$1,175.67
			Address of person from whom amount is received; City; State; Zip Code					
			Laredo, TX 78041					
		Г	Purpose for which amount is received	k if polition	cal c	contr	ibution returned to fil	er
			Travel Reimbursement					
	Date	Ė	Name of person from whom amount is received				Amount (\$)	
	08/01/2024		Guerrero, Gilberto					\$2,543.15
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Laredo, TX 78041					
		H		k if politic	cal c	contr	ibution returned to fil	er
			Travel Reimbursement	1				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1		•	ages Schedule K: /4 Rpt: 199/201	
2	FILER NAME				3	File	er ID	(Ethics Commissi	on Filers)
	Zaffirini, Jud	ith	(The Honorable)			00	0209	971	
4	Date 09/19/2024	6	Name of person from whom amount is received Guerrero, Iris Address of person from whom amount is received; City; State; Zip Code					8 Amount (\$)	\$810.62
			Laredo, TX 78041						
		7	Purpose for which amount is received	Check if po	litic	cal d	contri	ibution returned to fil	er
			Travel reimbursement	1					
_	Date	\vdash	Name of person from whom amount is received					Amount (\$)	
	10/03/2024		Guerrero, Iris					,	\$1,199.95
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			Laredo, TX 78041						
			Purpose for which amount is received	Check if po	litic	cal d	contri	ibution returned to fil	er
			Travel reimbursement						
	Date		Name of person from whom amount is received					Amount (\$)	
	12/17/2024	<u> </u>	Guerrero, Iris						\$839.63
			Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78041						
			Purpose for which amount is received Travel reimburgement	Check if po	litic	cal o	contri	ibution returned to fil	er
		L	Travel reimbursement						
	Date		Name of person from whom amount is received					Amount (\$)	****
	12/31/2024	ļ	Texas Community Bank						\$865.95
			Address of person from whom amount is received; City; State; Zip Code						
			Laredo, TX 78042	-					
			Purpose for which amount is received Interest	Check if po	litic	cal o	contri	ibution returned to fil	er
	Date		Name of person from whom amount is received					Amount (\$)	
	12/31/2024	<u> </u>	Texas Community Bank						\$484.82
			Address of person from whom amount is received; City; State; Zip Code						
			Laredo, TX 78042						
		Г	Purpose for which amount is received	Check if po	litic	cal o	contri	ibution returned to fil	er
			Interest						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /4 Rpt: 200/201	
2	FILER NAME		3	Fil	er ID	(Ethics Commissi	on Filers)
	Zaffirini, Judi	th (The Honorable)		00	0209	971	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	08/07/2024	Verastegui, Carolina					\$423.00
		6 Address of person from whom amount is received; City; State; Zip Code					,
		Address of person from whom amount is received, City, State, 21p Code					
		Laredo, TX 78040					
		_					
			politi	ical	contri	ibution returned to fi	ler
		Travel reimbursement					
	Date	Name of person from whom amount is received				Amount (\$)	
	07/08/2024	Zaffirini, Judith					\$423.00
		Address of person from whom amount is received; City; State; Zip Code					
		· · · · · · · · · · · · · · · · · · ·					
		Laredo, TX 78040					
			noliti	ical	contri	ibution returned to fi	lor
		Travel reimbursement	μυπι	icai	COIIIII	ibation retained to ii	ICI
		Haverreimbarsement					
	Date	Name of person from whom amount is received				Amount (\$)	
	07/23/2024	Zaffirini, Judith					\$564.00
		Address of person from whom amount is received; City; State; Zip Code					
		Laredo, TX 78040					
		Purpose for which amount is received	politi	ical	contri	ibution returned to fi	ler
		Travel reimbursement					
	Date	Name of person from whom amount is received			1	Amount (\$)	
		·				Amount (ψ)	\$564 OO
	09/04/2024	Zaffirini, Judith					\$564.00
		Address of person from whom amount is received; City; State; Zip Code					
		L L . T. V 70040					
		Laredo, TX 78040					
			politi	ical	contri	ibution returned to fi	ler
		Travel reimbursement					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/18/2024	Zaffirini, Judith					\$846.00
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, City, State, 21p code					
		Laredo, TX 78040					
			neli:	iocl	oort:	ibution rotumed to f	lor
			politi	icai	contri	ibution returned to fi	ier
		Travel reimbursement					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 201/201 2 FILER NAME Filer ID (Ethics Commission Filers) Zaffirini, Judith (The Honorable) 00020971 8 Amount (\$) Date 5 Name of person from whom amount is received 10/28/2024 Zaffirini, Judith \$846.00 6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040 Purpose for which amount is received Check if political contribution returned to filer Travel reimbursement Name of person from whom amount is received Amount (\$) Date 12/04/2024 Zaffirini, Judith \$987.00 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040 Purpose for which amount is received Check if political contribution returned to filer Travel reimbursement Date Name of person from whom amount is received Amount (\$) 12/27/2024 Zaffirini, Judith \$705.00 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040 Purpose for which amount is received Check if political contribution returned to filer Travel reimbursement