CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this fo	rm. 1 Filer ID (Ethics Commis: 00080066		2 Total pages filed: 24
3 CANDIDATE /	MS / MRS / MR FIRST	•	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Justin A	. .		Date Received
				ELECTRONICALLY FILED
	NICZNAME LACT		CUEEIV	01/01/2025
	NICKNAME LAST Holland		SUFFIX	01/01/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	3021 Ridge Rd., Ste. A, Box 79			Receipt # Amount
ADDRESS				, and an
Change of Address	Rockwall, TX 75032			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	
NAME	Mr. Larry D.			
	NICKNAME LAST		SUFFIX	
	Parks			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	ASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2722 Capstone Way			
(Residence or Business)				
,	Rockwall, TX 75032			
7 CAMPAIGN	AREA CODE PHONE NUMBE	R EXTENSION		
TREASURER	(214) 532-1659	R EXTENSION		
PHONE	(214) 332-1039			
8 REPORT				
TYPE	X January 15 30th dag	y before election	Runoff	15th day after campaign treasurer
		<u> </u>		appointment (officeholder only)
	July 15 8th day		Exceeded modified X reporting limit	Final Report (Attach C/OH-FR)
0 DEDIOD	Month Day Year		Month Day	Year
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day 12/31/2024	
	07/01/2024	mixooon	12/31/2024	•
10 ELECTION	ELECTION DATE		ELECTION TYPE	
10 ELECTION	Month Day Year	Primary	Runoff	Other
	,		브	
		General	Special	
44 055155	Lossias usis "		la orres server	
11 OFFICE	OFFICE HELD (if any) State Representative District 33		12 OFFICE SOUGHT	(IT KNOWN)
	State Representative District 33			
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Holland, Justin A. (Th	ne Honorable)		14 Filer ID 00080066	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without i quired to report this information	the candidate's or offic	ceholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELE		s, \$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, (IS OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	\$	1,767.26				
	4. TOTAL POLITIC	CAL EXPENDITURES	6		\$	76,233.83
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		t	swear, or affirm, under penalty rue and correct and includes a ınder Title 15, Election Code.			
		_	The Hono	rable Justin A. Holla	and	
		_	Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
			my hand and seal of office.			
Signature of offi	cer administering	Printed name o	of officer administering	Title of offic	er administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				OVER SHEET PG 3 3 of 24
	ER NAM Iland, J	ME lustin A. (The Honorable)	19 Filer ID 00080066	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 43,964.44
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		\$ 32,269.39
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 2,429.60

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guid	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 1/6 Rpt: 4/24		stin A. (The Honor	rable)				00080066		
4	Date	5 Payee name								
	07/11/2024	American E	Express							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$477.02	PO Box 65	0448							
		Dallas, TX	75265							
8	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	l Payment			<u>—</u>		de of Texas. Com		
						_		officeholder living		
						Sch F4 of prid			s properly reported of	ווכ
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	08/12/2024	American E	Express							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$696.61	PO Box 65	0448							
		Dallas, TX	75265							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	l Payment					de of Texas. Com		
						—		officeholder living	s properly reported of	nn
						Sch F4 of cur			is properly reported t	ווע
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	l ught			Office he	eld	
	experialitate to bettern over									
	Date	Payee name								
	09/11/2024	American E	Express							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,203.48	PO Box 65	0448							
		Dallas, TX	75265							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	l Payment					de of Texas. Com		
	EXI ENDITORE					_		officeholder living		
						Sch F4 of cur			s properly reported of	on
					<u> </u>		. 51	·		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	eld	
	experience to beliefft C/Of	1					_			
					_		_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 2/6 Rpt: 5/24	Holland, Justin A. (The Honorable) O0080066
4	Date	5 Payee name
	10/11/2024	American Express
6	Amount (\$) \$3,810.26	7 Payee address; City; State; Zip Code PO 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.
		Check if Austin, TX, officeholder living expense
		Credit card payment for items properly reported on Sch F4 of current report
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,632.04	PO 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 items properly reported on Sch F4 of current report
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,547.52	PO 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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit card payment for items properly reported on Sch F4 of current report
	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 Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment								OTHER (enter a category not listed above)				
	ordan dara r aymoni			The Instruction G	uide explains h	ow to cor	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/6 Rpt: 6/24		Holland, Jus	stin A. (The Ho	norable)					00080066			
4	Date	5	Payee name										
	12/10/2024		American E	xpress									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$3,159.64		PO Box 650	448									
			Dallas, TX 7	'5265									
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description					
	OF	``	Credit Card		are top or this series	uuic)		·	outsio	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE							Check if Austin,	TX,	officeholder living	g expense		
											ns properly reported or	1	
								Sch F4 of cur	ren	it report			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	12/11/2024		American E	xpress									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$12,403.80		PO Box 650	448									
			Dallas, TX 7	'5265									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description					
	OF EXPENDITURE		Credit Card		·	,		Check if travel of	outsio	de of Texas. Com	nplete Schedule T.		
	EXPENDITORE			-				—		officeholder living			
								Credit card pa			ns properly reported or	1	
								3011 4 01 Cui	ıcı				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou(ght			Office h	eld		
	experiantare to benefit Great												
	Date		Payee name										
	12/15/2024		American E	xpress									
	Amount (\$)		Payee address	ss; City;	State;	Zip Co	de						
	\$386.44		PO Box 650	448									
			Dallas, TX 7	'5265									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description					
	OF EXPENDITURE		Credit Card			,					nplete Schedule T.		
	LAFENDITORE									officeholder living			
								Sch F4 of cur			ns properly reported or	i	
						•			. 01	•			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou(ght			Office h	eld		
	The straight of the straight of the												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of Di OTHER (enter a	strict a category not listed above)
	Credit Card F ayment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
	Sch: 4/6 Rpt: 7/24	Holland, Justin A. (The Honorable)	00080066	
4	Date	5 Payee name		
	07/16/2024	Campaign Reporting Solutions LLC		
_				
ľ	Amount (\$)	1 ' '		
	\$1,013.00	110 Carriage Drive		
		Lufkin, TX 75904		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE		vel outside of Texas. Com	nplete Schedule T.
	EXPENDITURE	l — l —	stin, TX, officeholder living	
		Campaign	bookkeeping ser	vices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office h	eld
	expenditure to benefit C/OI	H		
	Date	Payee name		
	12/04/2024	Campaign Reporting Solutions LLC		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$650.00	110 Carriage Drive		
	Ψ030.00	110 Garnage Drive		
		Lufkin, TX 75904		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	/ Accounting/Banking	vel outside of Texas. Con	
		l	stin, TX, officeholder living	
		Campaign	bookkeeping ser	vices
L	0 1 0 0 1 1 1 1 1		0,50	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office h	ela
L				
	Date	Payee name		
	09/16/2024	Clayton Spangler Photographic Design		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$589.00	235 Point Lick Drive		
		Charleston, WV 25306		
	DUDDOCE	1		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Con	anloto Schodulo T
	EXPENDITURE	Office Overfield Expense	stin, TX, officeholder living	•
		l	istrict office	0 · 1 · · ·
			-	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office h	eld
	expenditure to benefit C/OI		Since II	···
\vdash				
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			Legal Serv	ices	=xpense	Salaries/		se s/Contract Labor		OTHER (enter	a category not listed abo	ove)
	Credit Card Payment			The Inst	ruction Gui	ide expla	ins how to co	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 5/6 Rpt: 8/24		Holland, Jus	stin A. (The Hono	orable)					00080066		
4	Date	5	Payee name										
	12/16/2024		Evans, Kath	leen									
6	Amount (\$)	7	Payee addres	ss; C	City;	St	tate; Zip C	ode					
	\$2,000.00		603 Shore T										
			Rockwall, T	X 7508 ⁻	7								
8	PURPOSE	⊢	Category (Se			- 4646-1	\	(b)	Description				
ľ	OF	(")	Salaries/Wa				s scriedule)	(~)		outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE			9					Check if Austin	n, TX,	officeholder livir	ng expense	
									Campaign co	ontr	act labor		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder	name		Office so	ught			Office h	neld	
	experialitire to beliefit C/OI												
	Date		Payee name										
	12/16/2024		Paulsen, Ro	bert									
	Amount (\$)		Payee addres	ss; C	City;	St	tate; Zip C	ode					
	\$2,000.00		2135 Clubvi	ew Dr									
			Rockwall, T	X 7508	7								
	PURPOSE	(a)	Category (Se	e Categori	es listed at the	e top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Co	ntract La	bor						nplete Schedule T.	
									Campaign co		officeholder livir	ng expense	
									Campaign	Jiiu	act labor		
	Complete ONLY if direct		Candidate/Offic	ceholder	name		Office so	ıaht			Office h	neld	
	expenditure to benefit C/O		za. a. a				55	gc			000	.0.0	
-	Date	Т	Dayoo nama										
	10/15/2024		Payee name Rockwall Co	ounty S	heriff's Po	nssee							
	Amount (\$)		Payee addres		City;		tate; Zip C	odo					
	\$2,000.00		950 T L Tow		-	31	iate, Zip C	oue					
	Ψ2,000.00		330 1 L 10W	viisciia	Di								
			Rockwall, T	V 7500.	7								
	DUDDOCE	_						(1-)	5				
	PURPOSE OF	(a)	Category (Se				s schedule)	(a)	Description Check if travel	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Contribution Candidate/C				mmittee				officeholder livir	•	
									Charitable do	ona	tion		
	Complete ONLY if direct		Candidate/Offic	ceholder	name		Office so	ught			Office h	neld	
L	expenditure to benefit C/O	H _											

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	al Cor	nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 6/6 Rpt: 9/24	L	Holland, Jus	stin A. (The Ho	norable)					00080066	
4	Date	5	Payee name								
	11/04/2024		Rockwall Co	ounty Sheriff's F	Possee						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$500.00		950 T L Tov	nsend Dr							
			Rockwall, T	X 75087							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations M	ade By			=		de of Texas. Com	
			Candidate/C	Officeholder/Pol	litical Comm	ıttee		Charitable do		officeholder living	expense
								Chantable 00	, i ial		
9	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office sou	laht			Office he	ald
9	expenditure to benefit C/O			CHOIGE HAITE		7111CE 3UL	agrit			Onice ne	JIU
	Date		Payee name								
	12/05/2024		Rockwall IS	D Education Fo	oundation						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$500.00		1050 Willian	ns Street							
			Rockwall, T	X 75087							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations M	ade By			□		de of Texas. Com	
			Candidate/C	Officeholder/Po	litical Comm	ittee		Charitable do		officeholder living	expense
								Chantable 00	nial	uon	
_	Complete ONLY if direct	<u> </u>	:andidate/Offi	ceholder name		Office sou	laht			Office he	ald
	expenditure to benefit C/O		za ididate/Offi	Johnson Harris		,,,,oc 30t	agi it			Office file	
⊨	Data	_	Dove a re-								
	Date 11/12/2024		Payee name Strategic Sc	dutions							
					Ot-1	71:5 0	- al -				
	Amount (\$)		Payee addres		State;	Zip Co	oae				
	\$4,000.00		10925 Estat	e Lane							
			Dallas, TX 7	5238							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scho	edule)	(b)	Description			
	OF EXPENDITURE		Consulting I							de of Texas. Comp	
								Political cons		officeholder living	
								i ontical colls	uitti	ng campai	311 301 V 1003
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	laht			Office he	hld
	expenditure to benefit C/O		.a. raraato/Offi	Jonata Humo			~9·11			Since ne	··· ··

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: 1/13 Rpt: 10/24	Holland, Justin A. (The Honorable)			00080066					
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED		1 071 (20			
	ISSUER	America	n Express	1	DITURES ED TO A CREDIT	\$	1,371.6	0 3			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	1	Credit Card Issue	r Paid					
		\$107.45	07/01/2024	08/10/20	24						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Google GSuite		1600 Amphitheatre Parkway							
					View, CA 94043	3					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		and accomment and	m da a				
	X Political	Office Overhead/Ren		Campaign email hosting and support service							
	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 Issuer Paid 09/11/2024							
		\$99.52 08/01/2024									
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
		Google GSuite		1600 Amphitheatre Parkway							
				Mountain View, CA 94043							
	PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Description							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Campaign email hosting and support service							
	x Political										
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	e 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	` ' ' '	Credit Card Issue	r Paid					
		\$76.75	09/01/2024	10/11/20	24						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Carala CCuita		1600 Am	phitheatre Parkw	<i>ı</i> ay					
		Google GSuite									
					View, CA 94043	3					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this echodula)	(b) Description							
	EXPENDITURE	Office Overhead/Ren	•	Campaign email hosting and support service							
	X Political										
_	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.								
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
L 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 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: 2/13 Rpt: 11/24	Holland, Justin A. (The Honorable)			00080066				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,371.6	63		
6	PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 10/01/2024	(c) Date(s 10/14/20) Credit Card Issuei 124	Paid				
7	PAYEE	(a) Payee name Google GSuite		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri			vice			
	Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	ffice sought Office held						
	PAYMENT	(a) Amount Charged \$165.88	(c) Date(s 12/12/20) Credit Card Issuei 124	Paid					
	PAYEE	Google GSuite (5) 1600 A					State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	n View, CA 94043 ption In email hosting a		vice			
	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 \$81.02	(b) Date of Charge 07/03/2024	(c) Date(s 08/10/20) Credit Card Issuei 124	Paid				
	PAYEE	(a) Payee name Constant Contact		(b) Payee 1601 Tra STE 329 Waltham	pelo Rd	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri	ın email distributio					
L	Non-Political	\(\frac{1}{2}\)	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				
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 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: 3/13 Rpt: 12/24	Holland, Justin A. (The Honorable)		00080066								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,371.6	63						
6 PAYMENT	(a) Amount Charged \$81.02	(b) Date of Charge 08/03/2024	(c) Date(s) Credit Card Issuer 09/11/2024	r Paid								
7 PAYEE	(a) Payee name Constant Contact		(b) Payee address; City, State, Zip Code 1601 Trapelo Rd STE 329 Waltham, MA 02451-7357									
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign email distribution service									
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 expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held								
PAYMENT	(a) Amount Charged \$87.41	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Card Issuer 10/11/2024	r Paid								
PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Rd STE 329 Waltham, MA 02451-7357	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign email distribution	on service								
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 \$87.41	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer 10/14/2024	Paid								
PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Rd STE 329 Waltham, MA 02451-7357	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Campaign email distribution	on service								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	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 Insti	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 4/13 Rpt: 13/24	Holland, Justin A. (The Honorable)			00080066		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	\$ 1,371.63	
6 PAYMENT	(a) Amount Charged \$58.63	(b) Date of Charge 07/10/2024	(c) Date(s) Credit Card Issuer 08/10/2024		Paid		
7 PAYEE	(a) Payee name Intuit		(b) Payee ad 2535 Garci Mountain V		City, State, Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Campaign accounting softw			tware			
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 expenditure to benefit C/OH			Office held				
PAYMENT	(a) Amount Charged \$69.29	(b) Date of Charge 08/10/2024	(c) Date(s) C 09/11/2024	redit Card Issuer I	Paid		
PAYEE	(a) Payee name Intuit		(b) Payee ad 2535 Garci Mountain V		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description Campaign accounting software				
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 Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$69.29	(b) Date of Charge 09/10/2024	(c) Date(s) C 10/11/2024	redit Card Issuer 1	Paid		
PAYEE	(a) Payee name Intuit		(b) Payee address; 2535 Garcia Ave Mountain View, CA 94043		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description				
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 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

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 Commis	sion Filers)	
	Sch: 5/13 Rpt: 14/24	Holland, Justin A. (The Honorable)			00080066		
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED DITURES	¢	1 271 (32
	ISSUER	see pi	revious	CHARGED TO A CREDIT CARD		1,371.63		J3
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue		Paid		
		\$69.29	10/10/2024	10/14/20	24			
7	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip			Zip Code	
		Intuit		2535 Gar	cia Ave			
				Mountain	View, CA 94043	3		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descrip				
	X Political	Accounting/Banking	or triis scriedule)	Campaig	n accounting sof	tware		
	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		
e	xpenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` ' '	Credit Card Issue	r Paid		
		\$259.20	08/22/2024	09/11/20	24			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Markarolara		475 Brannan St				
		MasterClass		#230				
					cisco, CA 94107			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		- 46:		
	_	Fees	or this soriedate)	Subscript	ion for campaign	і опісе		
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
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	1 ' ' '	Credit Card Issue	r Paid		
		\$247.64	09/26/2024	10/14/20	24			
	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		Formation and		333 108tl	n Ave Northeast			
		Expedia.com						
				· -	WA 98004			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Travel Out of District	I LOUGING TO THOSE OUT OF CADITOL OFFICE					
	X Political							
	Non-Political	(c) Great action action at some complete streets and action and action action at the complete streets and action action action at the complete streets and action a						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
	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:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)	
	Sch: 6/13 Rpt: 15/24	Holland, Justin A. (The Honorable)			00080066			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,371.6	33
6	PAYMENT	(a) Amount Charged \$498.89	(b) Date of Charge 07/27/2024	(c) Date(s) C 09/11/2024	redit Card Issuer 1	Paid		
7	PAYEE	(a) Payee name Survey Monkey	Survey Monkey PO Box 43078		City,	State,	Zip Code	
Ļ	DUDDO05.05	Providence, RI 02940						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Software subscription for ca		campaign offic	е			
	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				
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$845.91	(b) Date of Charge 09/09/2024	(c) Date(s) C 10/11/2024	redit Card Issuer 1	[*] Paid		
	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
		The Otis Hotel	1901 San Antonio		Antonio			
L				Austin, TX	78705			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging to	on move out of ca	pitol office		
	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	·	e sought	1	Office held		
lе	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$917.70	(b) Date of Charge 10/09/2024	(c) Date(s) C 10/14/2024	redit Card Issuer I	Paid		
	PAYEE	(a) Payee name The Otis Hotel		(b) Payee ad 1901 San A Austin, TX	Antonio	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Lodging to move out of		on	pitol office			
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, offi			officeholder living expense			
е	Complete <u>ONLY</u> 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 this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)	
Sch: 7/13 Rpt: 16/24	Holland, Justin A. (The Honorable)		00080066			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	 \$	\$ 1,371.63		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$482.96	10/09/2024	10/14/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	The Otis Hotel	1901 San Antonio					
			Austin, TX 78705				
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)			t of conital office			
X Political	Travel Out of District		Lodging to move out	і от сарііої опісе			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	stin, 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	Issuer Paid			
	\$2,509.90	09/16/2024	10/11/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Ducks Unlimited		2007 Ann Arbor Ave				
			Dallas, TX 75216				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	(See Categories listed at the top Contributions/Donatio		Charitable donation				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense		
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 10/14/2024	Issuer Paid			
	\$1,000.00	10/08/2024	10/14/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	5 -1 - 11 - 15 - 25 - 3		2007 Ann Arbor Ave				
	Ducks Unlimited						
			Dallas, TX 75216				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Contributions/Donatio	,	Charitable donation				
X Political		Candidate/Officeholder/Political Committee					
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		stin, TX, officeholder living e	xpense		
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 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: 8/13 Rpt: 17/24	Holland, Justin A. (The Honorable)		00080066				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,371.63		63		
6 PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer 10/14/2024	Paid				
7 PAYEE	(a) Payee name Catherine Clay Pho	tography	(b) Payee address; 415 W. Blonde Jhune	City,	State,	Zip Code		
0. DUDDOOF OF	(a) Catagony		Lucas, TX 75002					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Deposit for campaign Christ			istmas card photographs				
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 sought				Office held				
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged \$2,711.67	(b) Date of Charge 11/20/2024	(c) Date(s) Credit Card Issuer 12/10/2024	Paid				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
			415 W. Blonde Jhune					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Lucas, TX 75002 (b) Description Campaign Christmas card	l photographs				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	anso			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held				
PAYMENT	(a) Amount Charged \$1,760.33	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer 10/14/2024	Paid				
PAYEE	(a) Payee name Qi	•	(b) Payee address; 835 West 6th Street Ste 114 Austin, TX 78703	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (b) Descript		(b) Description OH staff dinner					
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 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: 9/13 Rpt: 18/24	Holland, Justin A. (The Honorable)			00080066		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	1,371.6	53
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$580.00	10/14/2024	11/09/2024				
7 PAYEE	(a) Payee name		(b) Payee ad	(b) Payee address;		State,	Zip Code
	Texas T-shirt Quilts 4341 Lindbergh Drive Ste. 200C Addison, TX 75001						
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Items purchased for local		non-profits' fun	draisers	
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		Credit Card Issuer	Paid		
	\$4,105.15	10/23/2024	11/09/2024	4			
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Hella Shrine Templ	e	2121 Rowl	ett Rd.			
			Garland, T	X 75043-2910			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top		Charitable	donation			
X Political	Contributions/Donatio	,					
Non-Political	(7)	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		Credit Card Issuer	Paid		
	\$352.50	10/10/2024	10/14/2024	4			
PAYEE	(a) Payee name	l	(b) Payee ac	ddress;	City,	State,	Zip Code
			1003 Barto	on Springs Rd			
	Terry Blacks Barbe	cue					
			Austin, TX	78704			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		OH staff di	nner			
X Political	i oourbeveraye Exper	136					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	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 (Ethics Commission Filers)			
Sch: 10/13 Rpt: 19/24	Holland, Justin A. (The Honorable)			00080066			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 1,371.63		63	
6 PAYMENT	(a) Amount Charged \$156.90	(b) Date of Charge 08/18/2024	(c) Date(s) 0 09/11/202	Credit Card Issuei 4	Paid			
7 PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee at 500 N IH3! Austin, TX	5	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	` '	move out of ca	pitol office			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living ex	pense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$53.66	(b) Date of Charge 08/21/2024	(c) Date(s) 0 09/11/202	Credit Card Issuei 4	Paid			
PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; 500 N IH35		City,	State,	Zip Code	
PURPOSE OF	(a) Category		Austin, TX (b) Descripti	on				
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Lodging to move out of capitol office					
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 \$351.44	(b) Date of Charge 12/11/2024	(c) Date(s) (12/16/202	Credit Card Issuei 4	^r Paid			
PAYEE	(a) Payee name Rockwall Custom F	rame	(b) Payee address; 5441 Horizon Rd Rockwall, TX 75032		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Framing for district office			decor				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
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 (Ethio	cs Commiss	sion Filers)
	Sch: 11/13 Rpt: 20/24	Holland, Justin A. (The Honorable)		(00080066		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s \$	\$	1,371.6	63
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer F	Paid		
		\$5,000.00	12/03/2024	12/12/2024				
7	PAYEE	(a) Payee name		(b) Payee address; City, State, 2			Zip Code	
		Texas Health Foun	dation	n 612 E Lamar Blvd				
L				Arlington, TX 760)11			
8	PURPOSE OF EXPENDITURE	(a) Category	of this schodule)	(b) Description				
		Contributions/Donations Made By		on				
	X Political	Candidate/Officeholder/Political Committee						
	Non-Political	Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			if Austin, TX, of	fficeholder 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 Ca 12/12/2024	ard Issuer F	Paid		
		\$500.00	12/05/2024	12/12/2024				
r	PAYEE	(a) Payee name	l	(b) Payee address;		City,	State,	Zip Code
				18251 Quantico (Gateway D	Drive		
				Triangle, VA 2217	72			
	PURPOSE OF	(a) Category	-# 4bibd-d-\	(b) Description				
	X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Charitable donation	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, of	fficeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
е	expenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer F	Paid		
		\$925.92	12/05/2024	12/12/2024				
Г	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Minto d I I O		747 Front Str				
		Minted LLC		#200				
L				San Francisco, CA 94111				
	PURPOSE OF	(a) Category	of this schodulo)	(b) Description			_	
	EXPENDITURE	PENDITURE (See Categories listed at the top of this schedule) Advertising Expense			Political advertising - campaign Christmas cards			
	X Political							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold			fficeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	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 (Eth	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/13 Rpt: 21/24	Holland, Justin A. (The Honorable)			00080066			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	\$ 1,371.63		
6	PAYMENT	(a) Amount Charged \$54.02	(b) Date of Charge 10/12/2024	(c) Date(s) 10/14/20) Credit Card Issue 24	r Paid			
7	PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee 500 N IH Austin, T	35	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging to move out of capitol office					
	Non-Political	(6)			officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	PAYMENT	(a) Amount Charged \$442.26	(b) Date of Charge 11/25/2024	(c) Date(s)) Credit Card Issue 24	r Paid			
	PAYEE	(a) Payee name Rockwall Custom F	rame	(b) Payee address; 5441 Horizon Rd Rockwall, TX 75032		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Framing for district office decor					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	, officeholder living expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$5,010.00	(b) Date of Charge 12/03/2024	(c) Date(s) 12/12/20) Credit Card Issue 24	r Paid			
	PAYEE	(a) Payee name Rockwall Helping H	lands	(b) Payee address; 401 W. Rusk St #100 Rockwall, TX 75087		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political Non-Political	—	ns Made By er/Political Committee	(b) Description Charitable donation					
\vdash		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense direct Candidate/Officeholder name Office sought Office held							
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	o sougni		Onice Helu			

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

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

Candidate/Officeholder/Politica			laries/Wages/Co		THER (enter a category	y not listed ab	oove)
	The Instr	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 13/13 Rpt: 22/24	Holland, Justin A. (1	The Honorable)			00080066		
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED			_
ISSUER	see pr	evious		IDITURES SED TO A CREDIT	\$	1,371.6	i3
	· ·		CARD	BLD TO A CINEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
	\$292.00	12/05/2024	12/12/20	24			
	Ψ202.00	12,00,202					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			609 S G				•
	USPS Rockwall						
			Rockwall	l, TX 75087			
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		Postage	for campaign offi	ce		
X Political	Office Overhead/Rent	ai Expense					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living expe	ense	
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 Issue	r Paid		
	\$510.00	12/05/2024	12/12/20	12/12/2024			
	4020.00	, 00, _0					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	4398 Texas 276						
	Meals on Wheels						
			Rockwall	l, TX 75032			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Charitable donation				
X Political	Candidate/Officeholde						
Non-Political	(C) Check if travel outside of	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							

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: 1/1 Rpt: 23/24 2 FILER NAME Filer ID (Ethics Commission Filers) Holland, Justin A. (The Honorable) 00080066 8 Amount (\$) Date 5 Name of person from whom amount is received 08/30/2024 American Express \$129.60 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75265 Purpose for which amount is received Check if political contribution returned to filer Refund for Masterclass charge Amount (\$) Name of person from whom amount is received Date \$2,300.00 10/24/2024 American Express Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75265 Purpose for which amount is received Check if political contribution returned to filer Refund for donation to Garland Hella Shriners

		FORM C/OH - FR					
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 24 of 24					
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)					
	Holland, Justin A. (The Honorable)	00080066					
3	SIGNATURE						
	I do not expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.						
	The Honorah	le Justin A. Holland					
		andidate / Officeholder					
	Signature of Se	indidate / Cilicentides					
4	FILER WHO IS NOT AN OFFICEHOLDER						
	** Complete A & B below only if you are not an officeholder **						
	A CAMPAIGN FUNDS						
	A CAIM AIGHT GABG						
	Check only one:						
	I do not have unexpended contributions or unexpended interest or income earned from polit	ical contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.						
	B ASSETS						
	Check only one:						
	I do not retain assets purchased with political contributions or interest or other income from	political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political converting the political contributions or interest or other income from political contributions.						
	understand that I must dispose of assets purchased with political contributions in accordanc 254.204.	e with the requirements of Election Code,					
	Signatur	e of Candidate					
_							
3	OFFICEHOLDER ** Complete this section only if you are an officeholder **						
	complete and section only it you are an officendiaci						
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	last required report as an officeholder, I					
	The Honorab	le Justin A. Holland					
	Signature	e of Officeholder					