FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082184 32 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amanda NAME Date Received **ELECTRONICALLY FILED** 01/12/2025 NICKNAME LAST **SUFFIX** Reichek CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 180551 MAILING Amount Receipt # **ADDRESS** Change of Address Dallas, TX 75218 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kathy NAME NICKNAME LAST **SUFFIX** Tiritelli STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2807 Allen Street #813 **ADDRESS** (Residence or Business) Dallas, TX 75204 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 505-6398 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Reichek , Amanda (1	he Honorable)	14 Filer ID 00082184	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without dofficeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		.I IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$ 3,500.00
EVDENDITUDE	(OTHER THAN	S)	, , , , , , , , , , , , , , , , , , ,	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 27,401.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 36,348.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Amanda Reich	ek
		Signature of	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath
3	3	3		3

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			OVER ONEE!	3 of 32
	, Amanda (The Honorable)	19 Filer ID 00082184	(Ethics Commission	ı Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1. X	\$	3,500.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	27,401.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	lete this form.	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/32
	FILER NAME			3 Filer ID (Ethics Commission Filers)
		manda (The Honorable)		00082184
	Date	_	ate PAC (ID#:)	7 Amount of Contribution (\$)
	12/12/2024	Sangani, Bharat		\$1,000.00
		6 Contributor address; City; State; Zip Coo Dallas, TX 75225	de	
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Chief Execu	tive Officer	Chief Executive Office	er
10	Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
	Encore Ente	erprises		
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
	12/12/2024	Thomas J. Henry Law		\$2,500.00
		Contributor address; City; State; Zip Coo	le	
		San Antonio, TX 78249		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor 5	r incipal occupation	Contributor 3 30b Title	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	category not listed abov	e)
		_		The Instruction G	Guide explains h	now to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/28 Rpt: 5/32		Reichek , A	manda (The H	onorable)					00082184		
4	Date	5	Payee name									
	10/28/2024		7-11									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$62.91		10468 Garla	and Road								
			Dallas, TX 7	'5218								
8	PURPOSE	(a)		e Categories listed at	the ten of this cohe	odulo)	(b)	Description				
	OF	``	Travel In Dis		the top of this sche	edule)	(- ,	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		riavoi iii Bii	Strict				Check if Austin,	, TX,	officeholder living	g expense	
								Gas for camp	aig	ıning		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	11/25/2024		AT&T									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$106.22		208 S. Akar	d								
			Dallas, TX 7	7 5202								
_	PURPOSE	(0)					(h)	Description				
	OF	(a)		e Categories listed at		edule)	(D)	Description Check if travel of	nutsi	de of Texas, Com	iplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental E>	pense			=		officeholder living		
								Cell phone se	ervi	ce		
								•				
	Complete ONLY if direct		 Candidate/Offi	ceholder name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date	Г	Payee name									
	12/16/2024		AT&T									
	Amount (\$)		Payee addres	ss; City;	Stato:	Zip Co	do					
	\$131.46		-	•	Siale,	Zip Cu	ue					
	\$131.40		208 S. Akar	u								
			Dallas, TX 7	75202		•						
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Ex	pense					de of Texas. Com officeholder living	plete Schedule T.	
								Cell phone se			j experise	
								Con prioric 30	JI VI	-		
_	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	0	ffice sou	aht			Office h	əld	
	expenditure to benefit C/O		Jananauto/Offic	ocholaci name	O	c 300	Aur			Onice III	J.G	
_												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 2/28 Rpt: 6/32	Reichek , Amanda (The Honorable)		00082184	
4 Date	5 Payee name	•		
12/23/2024	AT&T			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$106.22	208 S. Akard			
	Dallas, TX 75202			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel out	side of Texas. Comple	
		Cell phone serv	X, officeholder living e	xpense
		Cell priorie Serv	vice	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	1
expenditure to benefit C/O		grit	Office field	1
Data				
Date 10/28/2024	Payee name Adobe			
		a -		
Amount (\$)	Payee address; City; State; Zip Co	ae		
\$14.06	345 Park Avenue			
	0104.05440			
	San Jose, CA 95110			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	side of Tours Consul	ota Cabadula T
EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Comple X, officeholder living e	
		Software subsc		•
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	d
expenditure to benefit C/O	Н			
Date	Payee name			
11/26/2024	Adobe			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$14.06	345 Park Avenue			
	San Jose, CA 95110			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		side of Texas. Comple	ete Schedule T.
EXPENDITURE	·		X, officeholder living e	xpense
		Software licens	se	
0 1. 6				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	egal Services	Sa		ges	/Contract Labor		OTHER (enter	a category not listed	above)
	·			The Instruction G	lide explains how	to com	ipie	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 3/28 Rpt: 7/32	l	Reichek , Ar	nanda (The Ho	norable)					00082184		
4	Date	5	Payee name									
	12/26/2024	,	Adobe									
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	ip Cod	е					
	\$14.06	;	345 Park Av	enue								
		١,	San Jose, C	A 95110								
8	PURPOSE	├				1	h)	Description				
ľ	OF			e Categories listed at the		e) [(IJ	Description Check if travel (nutsi	de of Teyas, Co	mplete Schedule T.	
	EXPENDITURE	'	Office Over	ead/Rental Exp	Jense			므		officeholder livi		
								License fee				
9	Complete ONLY if direct	С	andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/12/2024	ı	Al Biernat's									
	Amount (\$)		Payee addres	s; City;	State; Zi	in Cod	e					
	\$316.54	l	4217 Oak La				_					
	Ψ010.04		TZIT OUK LO	wiii/weilde								
		Ι.	D. II	5040								
		<u></u>	Dallas, TX 7	5219								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this schedule	e) (I	b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				=			mplete Schedule T.	
								Meal with sup		officeholder livi	ig expense	
								Wicai With Sup	JPO	11013		
_	Complete ONLY if direct		andidato/Offic	eholder name	Offic	e sougl	ht			Office h	old	
	expenditure to benefit C/O		andidate/Onic	enoluei name	Onic	e sougi	111			Office i	ieiu	
		<u> </u>										
	Date	l	Payee name									
	11/22/2024		Amazon									
	Amount (\$)	ı	Payee addres	, ,,	State; Zi	ip Cod	е					
	\$103.65	'	410 Terry Av	e. North								
		:	Seattle, WA	98109								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	e) (b)	Description				
	OF EXPENDITURE			ead/Rental Exp				ш			mplete Schedule T.	
	LAFENDITORE									officeholder livi	ng expense	
								Nespresso po	ods	Tor court		
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Offic	e sougl	ht			Office I	neld	
	experience to beliefft C/Of											

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expe

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ges	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
L		_		The Instruction G	uide explains no	w to com	pie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 4/28 Rpt: 8/32	l	Reichek, A	Amanda (The Ho	norable)					00082184		
4	Date	5	Payee name	<u> </u>					_			
	12/04/2024	l	Amazon									
Ļ		 		0.4	04-4	7: 0!-	_					
l٥	Amount (\$)	'	Payee addre	•	State; 2	Zip Code	е					
	\$112.50	l	410 Terry A	Ave. North								
		l										
l		l	Seattle, WA	A 98109								
8	PURPOSE	(a)	Category	See Categories listed at		10	h)	Description				
ľ	OF	``'		rhead/Rental Ex		lie)	~,	_ :	outsi	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE	l	Office Over	meau/Nemai Lx	perise			<u> </u>		, officeholder livin		
		l						Coffee suppli	ies	for court		
		l										
9	Complete ONLY if direct	Ц,	^andidate/Off	iceholder name	Offi	ice sough	ht			Office h	eld	
ľ	expenditure to benefit C/OI		Carialdate/On	iceriolaer riame	Om	icc sougi				Office fi	ciu	
┡		_										
	Date	l	Payee name	•								
	12/27/2024		Amazon									
	Amount (\$)		Payee addre	ess; City;	State; 2	Zip Code	е					
	\$200.00	l	410 Terry A	Ave. North								
		l	•									
		l	Seattle, WA	N 00100								
L		┖										
	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this schedu	_{ule)} (t	b)	Description				
	EXPENDITURE	l	Gift/Awards	s/Memorials Exp	ense			<u> </u>		ide of Texas. Con , officeholder livin	plete Schedule T.	
		l						Christmas gif			g expense	
								Cilistinas gii	it it	n secretary		
L		L_				<u> </u>						
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Оп	ice sough	nt			Office h	eia	
	experience to benefit eyes											
	Date		Payee name	!								
	12/30/2024		American E	Bar Association								
H	Amount (\$)		Payee addre	ess; City;	State: 2	Zip Code	e					
	\$27.06	l	-	Clark Street								
	Ψ21.00		OZI WOM	olari Guecci								
		l										
			Chicago, IL	. 60654								
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this schedu	ule) (k	b)	Description				
	OF EXPENDITURE	l	Fees					므			plete Schedule T.	
	EXI ENDITORE	l								, officeholder living	g expense	
		l						Publication fe	ee			
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	Offi	ice sough	ht			Office h	eld	
	expenditure to benefit C/OI	H										
Г												
l												
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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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 5/28 Rpt: 9/32		Reichek , A	manda (The Hono	rable)					00082184		
4	Date	5	Payee name									
L	12/23/2024		American Ir	ns of Court								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$225.00		225 Reinek	ers Lane, Suite 77	'0							
			Alexandria,	VA 22314								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=		de of Texas. Com		
								Annual inn of		officeholder living	rexpense	
9	Complete ONLY if direct		andidate/Offi	ceholder name	0	Office sou	l ight			Office he	eld	_
	expenditure to benefit C/O						5					
H	Date		Payee name									_
	11/22/2024	l	Arts District	Mansion								
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	ode					
	\$92.03		2101 Ross	•	,							
			Dallas, TX 7	75201								
	PURPOSE	├		ee Categories listed at the t	ton of this seks	adula)	(b)	Description				_
	OF			age Expense	op or uns sche	Juui e)	`'	`	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			J - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				_		officeholder living		
								Monthly lunch	neo	n with collea	agues	
	0. 1. 0	<u> </u>					<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	O	office sou	ıght			Office he	eia	ĺ
L	•	_										_
	Date	l	Payee name	Manaian								
	12/10/2024	_	Arts District									
	Amount (\$)		Payee addres		State;	Zip Co	ode					
	\$28.01		2101 Ross	Ave								
			Dallas, TX 7	75201								
	PURPOSE OF			ee Categories listed at the t	top of this sche	edule)	(b)	Description		d4.T 0	whole Cabadula T	
	EXPENDITURE		Food/Bever	age Expense						de of Texas. Com officeholder living		
								Monthly L&E			, -	
								-				
	Complete ONLY if direct		andidate/Offi	ceholder name	0	office sou	ıght			Office he	eld	_
	expenditure to benefit C/OH	Н										ĺ
												_

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	
1 Total pages Schedule F1: Sch: 6/28 Rpt: 10/32	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184
-	
4 Date 11/14/2024	5 Payee name Beacon Hill Books & Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$78.30	71 Charles St
	Boston, MA 02114
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lunch at AJEI conference
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxponditure to beliefit 6/0	··
Date	Payee name
12/09/2024	Best Buy
Amount (\$)	Payee address; City; State; Zip Code
\$64.53	9378 N. Central Expressway
	Dallas, TX 75231
PURPOSE OF	(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.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printer cartridge and paper
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientale to belieff C/O	
Date	Payee name
11/25/2024	Birdie's Eastside
Amount (\$)	Payee address; City; State; Zip Code

\$28.65	6221 E Mockingbird Ln
\$28.65	
PURPOSE	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) (b) Description
	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with clerk Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with clerk Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	6221 E Mockingbird Ln Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with clerk Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/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: 7/28 Rpt: 11/32	Reichek , Amanda (The Honorable) 00082184
4 Date	5 Payee name
12/06/2024	Bobbie's Airway Grill
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$143.00	5959 Royal Ln #515
	Dallas, TX 75230
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Dinner with colleague
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payee name
12/16/2024	Bobbie's Airway Grill
Amount (\$)	Payee address; City; State; Zip Code
\$94.69	5959 Royal Ln #515
, , , , , ,	
	Dallas, TX 75230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lunch with colleague
	Lunon wan someagae
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/19/2024	Cafe Duro
Amount (\$)	Payee address; City; State; Zip Code
\$12.83	2804 Greenville Ave
Ψ12.03	2004 Greenville Ave
	Dallas, TX 75206
PURPOSE	L. Ta
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Breakfast with colleague
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	л

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By 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: 8/28 Rpt: 12/32	Reichek , Amanda (The Honorable) 00082184					
4	Date	5 Payee name					
	12/16/2024	Central Market					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$402.52	5750 E Lovers Ln					
		Dallas, TX 75206					
8	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.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Christmas gifts for staff					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
		·	_				
	Date	Payee name					
	11/15/2024	Dallas Morning News					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.51	1954 Commerce St.					
		Dallas, TX 75201					
	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 Subscription					
		Jubscription					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·					
	Date	Payee name	_				
	11/13/2024	Delta Airlines					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$71.17	1030 Delta Boulevard					
	ΨίΙ.Ιί	1030 Della Bodievara					
		Atlanta CA 20254					
		Atlanta, GA 30354					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Baggage fee, wifi on flight to AJEI					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	₹					
			_				

SCHEDULE F1

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

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

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

	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: 9/28 Rpt: 13/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/18/2024	Delta Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	1030 Delta Boulevard
		Atlanta, GA 30354
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Baggage fee, wifi
		bayyaye lee, wiii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	10/29/2024	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Polling expense for early voting program
		Polling expense for early voting program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	B
	Date 11/05/2024	Payee name
		Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	8813 Falcon Crest
		McKinney, TX 75070
	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 Blockwalking program
		Biockwaiking program
_	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
ounting/Banking

Event Expense
Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

Event Expense Loan repayment.
Fees Office Overhead/f
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Magns/C

	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: 10/28 Rpt: 14/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	12/05/2024	Eagle Postal Center
6	Amount (\$) \$23.75	7 Payee address; City; State; Zip Code 633 Mockingbird Lane Dallas, TX 75214
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 FedEx to Twitter re account
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/18/2024	Eddie Merlot's
	Amount (\$) \$128.26	Payee address; City; State; Zip Code 505 Congress St
		Boston, MA 02210
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner at AJEI
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	Edwards & Patterson Signs
	Amount (\$) \$1,041.37	Payee address; City; State; Zip Code 203 S Belt Line Rd
		Irving, TX 75060
	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 Yard signs
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ㄴ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/28 Rpt: 15/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/05/2024	Fortune House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.91	2010 Greenville Ave Suite B

		Delles TV 75200
L		Dallas, TX 75206
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Lunch with clerk
		Lunch with cierk
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	1
	Date	Payee name
	12/16/2024	Froggie's 5 and 10
	Amount (\$)	Payee address; City; State; Zip Code
	\$348.19	6465 E Mockingbird Ln suite 314
		Dallas, TX 75214
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas gifts for staff
		5
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	11/18/2024	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.50	100 Huntington Ave
		Tempe, AZ 85284
H	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
		Domain license fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H		
1		
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair		iges	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		_		3	Filer ID	(Ethics Commission Filers)
	Sch: 12/28 Rpt: 16/32	-	Reichek , Amanda (The Honorable)					00082184	,
4	Date	5	Payee name		_				
	10/28/2024		Google						
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Cod	e				
	\$2.12		1600 Amphitheater Parkway						
			Mountain View, CA 94043						
8	PURPOSE	(a	Category (See Categories listed at the top of this s	schedule)	b)	Description			
	OF		Email storage			_	outsi	ide of Texas. Comp	olete Schedule T.
	EXPENDITURE		-			Check if Austin,	, TX	, officeholder living	expense
						Email storage	9		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sough	ht			Office he	ld
	Date	Τ	Payee name		_				
	11/27/2024		Google						
		┝		to: Zin Cod	_				
	Amount (\$)		•	te; Zip Cod	е				
	\$2.12		1600 Amphitheater Parkway						
			Mountain View, CA 94043						
	PURPOSE	(a	Category (See Categories listed at the top of this s	schedule)	b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel of	outsi	ide of Texas. Comp	olete Schedule T.
	LAFENDITORE					—		, officeholder living	expense
						Email storage	9		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sough	ht			Office he	eld
	Date		Payee name		_				
	12/26/2024		Google						
	Amount (\$)	H		te; Zip Cod	Δ				
	\$2.12		1600 Amphitheater Parkway	ie, zip cou	C				
	Ψ2.12		1000 Amphilineater Farkway						
			Mountain View, CA 94043						
	PURPOSE	(a	Category (See Categories listed at the top of this s	schedule)	b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel of	outsi	ide of Texas. Comp	olete Schedule T.
	EXPENDITORE					ш		, officeholder living	expense
						Email storage)		
		L							
	Complete ONLY if direct		Candidate/Officeholder name	Office sough	ht			Office he	eld
	expenditure to benefit C/O	Н							
					_				

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	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/28 Rpt: 17/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/06/2024	Green Spot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.77	702 Buckner Boulevard
		Dallas, TX 75218
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas for campaigning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/25/2024	Gunnar & Company
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$156.96	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff christmas gifts
		State State give
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/06/2024	Hall Lone Star Associates
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2301 Ross Ave
		Dallas, TX 75201
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Parking for lunch with colleague
_	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
I	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/28 Rpt: 18/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	10/29/2024	Hamilton Wingo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,170.81	325 North St. Paul Street # 3600
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Reimbursement of event expenses
_	Complete 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	Hinodeya
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.80	2023 Greenville Ave Suite 130
		Dallas, TX 75206
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch with colleague
		Euron wan concagae
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/18/2024	Hook & Line
	Amount (\$)	
	\$206.50	Payee address; City; State; Zip Code 10 Fan Pier Boulevard
	φ200.50	10 Fall Fiel Boulevalu
		Poster MA 02210
		Boston, MA 02210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch at AJEI with colleagues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	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: 15/28 Rpt: 19/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
L	12/24/2024	Hudson House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.90	4448 Lovers Ln
		Dallas, TX 75225
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with colleagues
		Lanon war concagaco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/28/2024	Ida Claire
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$28.82	5001 Belt Line Rd
		Dallas, TX 75254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch while blockwalking
		Lanon wille blookwarking
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/03/2024	Jack & Harry's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$82.35	6833 Snider Plaza
		Dallas, TX 75205
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch with colleague
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foor Contributions/ Donations Made By - Gift/

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		nmittee	Legal Services		inting Exp alaries/Wa		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction G	uide explains how	v to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 16/28 Rpt: 20/32		Reichek , A	manda (The Ho	norable)					00082184		
4	Date	5	Payee name									
	12/09/2024		Jack & Harr	y's								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Cod	de					
	\$133.47		6833 Snider									
			Dallas, TX 7	75205								
8	PURPOSE	(2)					(h)	Description				
°	OF	(a)		ee Categories listed at 1	the top of this schedule	e)	(D)	Description Check if travel of	nutsi	de of Texas, Co	nplete Schedule T.	
	EXPENDITURE		F00u/Bever	age Expense				브		officeholder livir	•	
								Lunch with co	olle	agues		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	jht			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/20/2024		Jack Boles	Belo Mansion F	arking							
	Amount (\$)	H	Payee addres	ss; City;	State; Z	ip Cod	de					
	\$5.00		8150 Brook	river Dr #140		•						
			Dallas, TX 7	75247								
	PURPOSE	(2)				14	(h)	Description				
	OF	(a)	Calegory (Se Travel In Dis	ee Categories listed at t	the top of this schedule	e)	(D)	Description Check if travel of	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		Havel III Di	Strict				=		officeholder livir		
								Parking for m	ont	thly meetin	g	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	jht			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/16/2024		Kate Weiser	r								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					
	\$311.93		3011 Gulde	n Ln #115								
			Dallas, TX 7	75202								
	PURPOSE	(a)	Category (se	ee Categories listed at	the top of this schedule	۵) ((b)	Description				
	OF	 ` ´		/Memorials Exp		,	` ′		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			·				_		officeholder livir	ig expense	
								Christmas gif	ts f	or staff		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	e soug	jht			Office h	ield	
	experiorale to belieff C/OI											

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/28 Rpt: 21/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/12/2024	Kome Sushi and Handroll
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.60	8041 Walnut Hill Ln Suite 820
		Dallas, TX 75231
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with colleagues
		Wied With Concagues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/27/2024	Kome Sushi and Handroll
	Amount (\$)	Payee address; City; State; Zip Code
	\$327.22	8041 Walnut Hill Ln Suite 820
		Dallas, TX 75231
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner with colleagues
		Diffici with concagues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/12/2024	Le Caveau
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.22	718 N Buckner Blvd #332
		Dallas, TX 75218
	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
		Christmas gifts for staff
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> 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 -

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: 18/28 Rpt: 22/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	12/16/2024	Le Labo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$343.15	65 Highland Park Village
		Dallas, TX 75205
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 Christmas gifts for staff
		Christinas giits ioi staii
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/18/2024	Legal Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.36	100 Huntington Ave
		Boston, MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch at AJEI
		Editori de 7 de 1
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/30/2024	McAfee, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.24	6220 America Center Drive
		San Jose, CA 95002
	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
		Software license fee
_	Operation ONE V. C. P.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> 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

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 19/28 Rpt: 23/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/19/2024	Miriam Cocina Latina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.82	2015 Woodall Rodgers Fwy
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Lunch with colleague
		Lunen with concague
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/O	
	Date	Payee name
	11/13/2024	New Orleans Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.25	4131 N Central Expy Suite 305
		Kenner, LA 72231
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch at airport
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
F	Date	Payee name
	11/12/2024	North Texas Tollway Authority
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$771.68	4131 N Central Expy Suite 305
		Plano, TX 75026
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Toll charges for early voting/election day/campaign
		stops
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 20/28 Rpt: 24/32	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184
4	Date	5 Payee name
	12/30/2024	Ocean Prime
6	Amount (\$) \$286.78	7 Payee address; City; State; Zip Code 2101 Cedar Springs Rd #150
	Ψ200.10	2101 Godal Opinigo Na 7100
	DUDDOCE	Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Dinner with colleagues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	12/16/2024	PNC Bank
	Amount (\$)	
	\$403.75	1824 Abrams Rd
		Dallas, TX 75214
	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
		Tips for movers
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	Paper Source
	Amount (\$)	Payee address; City; State; Zip Code
	\$274.99	4525 Cole Ave #170
		Dallas, TX 75205
L	DUDDOCT	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas gifts for staff
		Chilistinas giits ioi staii
_	Operation ONE VIII II	Open Highest (Office health and a second sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 21/28 Rpt: 25/32	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	12/13/2024	Platinum Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1903 Payne Street
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/16/2024	Platinum Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.35	1903 Payne Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/12/2024	Professional Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4131 N Central Expy Suite 305
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Valet parking
	Commission ONU V if allows	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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: 22/28 Rpt: 26/32	Reichek , Amanda (The Honorable) 00082184		
4	Date	5 Payee name		
	12/03/2024	Professional Parking		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$10.00	4131 N Central Expy Suite 305		
		Dallas, TX 75204		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Valet		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experialture to belieff C/Oi			
	Date	Payee name		
	12/03/2024	Remarkable		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3.24 Biermanns gate 6			
	Oslo 0473 Norway			
	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, 1X, officenoider living expense				
	tablet license fee			
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
_				
	Date	Payee name		
		Renaissance Boston Seaport Hotel		
` ′		Payee address; City; State; Zip Code		
	\$748.82	606 Congress St		
		Boston, MA 02210		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Hotel for AJEI		
	Complete ONLY if alice of	Condidate/Officeholder name Office cought		
	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
Cardif Cand Beneards

Event Expense
Event Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officenoider/Political Committee Legal Services Salanes/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: 23/28 Rpt: 27/32	Reichek , Amanda (The Honorable) 00082184		
4	Date	5 Payee name		
	12/09/2024	Senteurs D'Orient		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$142.99	Rue Antoine Dansaert 95		
		Brussels 1000 Belgium		
8	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.		
	Christmas gifts for staff			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	12/16/2024	Sephora		
· · · · · · · · · · · · · · · · · · ·		Payee address; City; State; Zip Code		
	\$690.17 6465 E Mockingbird Ln			
		Dallas, TX 75214		
	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.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Christmas gifts for staff			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Davies same		
	11/15/2024	Payee name Serafina		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$113.98	11 Fan Pier Boulevard		
	Ψ110.50	III an lei Boulevara		
		Boston, MA 02210		
	PURPOSE	Tu.		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Dinner at AJEI conference		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Orange to bonom O/O			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel
Salaries/Wages/Contract Labor OTHE

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 24/28 Rpt: 28/32	2 FILER NAME Reichek , Amanda (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082184
4	Date 11/15/2024	5 Payee name Serafina	
6	Amount (\$) \$563.88	7 Payee address; City; State; Zip Code 11 Fan Pier Boulevard Boston, MA 02210	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if tra Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense n colleagues at AJEI conference
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/26/2024	Payee name Sixty Vines	
	Amount (\$) \$29.09	Payee address; City; State; Zip Code 500 Crescent Ct Suite 160 Dallas, TX 75201	
	PURPOSE OF EXPENDITURE	Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense n colleagues
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date 10/29/2024	Payee name Southwest Airlines	
	Amount (\$) Payee address; City; State; Zip Code \$585.95 2702 Love Field Drive		
	Dallas, TX 75235		
	PURPOSE OF EXPENDITURE	Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense wards ceremony for colleague
	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 Solaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 25/28 Rpt: 29/32	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	12/16/2024	Spa at Joule	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	1530 Main St	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Christmas gifts for staff	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitare to benefit eroi	<u>'</u>	
	Date Payee name		
	12/16/2024	St. Martin's Wine Bistro	
Amount (\$) Payee address; City; State; Zip Code		Payee address; City; State; Zip Code	
	\$451.81 4223 Bryan St		
Dallas, TX 75204		Dallas, TX 75204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
Chambers holiday dinner		Chambers holiday dinner	
	Compulate ONLY if direct	Condidate/Office holds	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/25/2024	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
\$58.07 6419 Skillman St		6419 Skillman St	
Dallas, TX 75231		Dallas, TX 75231	
	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 Moving supplies	
		wideling supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		

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/Officenoider/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: 26/28 Rpt: 30/32	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	11/01/2024	The Porch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$48.05	2912 N Henderson Ave	
		Dallas, TX 75206	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Lunch with colleagues		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/12/2024	The Spa at the Joule	
Amount (\$) Payee address; City; State; Zip Code		Payee address; City; State; Zip Code	
	\$750.00 1530 Main St		
Dallas, TX 75201		Dallas, TX 75201	
	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 Christmas gift for General Counsel	
		ormsunas gilt for General Godnesi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	10/30/2024	Tom Thumb	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.72	6333 E Mockingbird Ln	
Dallas, TX 75214		Dallas, TX 75214	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Snacks for poll greeters	
	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
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 27/28 Rpt: 31/32	Reichek , Amanda (The Honorable) 00082184		
4	Date	5 Payee name		
	11/25/2024	Truly Pottery		
6	Amount (\$)	7 Payee address; City; State; Zip Code 2031 W. McDermott Drive		
	\$113.66	2031 W. MCDeffilott Drive		
		Allen, TX 75013		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense		
	EXPENDITORE	Christman gifts for stoff atternove		
		Christmas gifts for staff attorneys		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	11/12/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$360.61	1455 Market Street		
		Suite 400		
	San Francisco, CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Rideshares during AJEI conference		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	experioritare to benefit C/OH			
	Date	Payee name		
	12/09/2024	Uncommon Goods		
	Amount (\$) Payee address; City; State; Zip Code			
	\$107.95 140 58th St, Ste A-5B			
		Brooklyn, NY 11220		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense		
	LAFENDITORE	Christman gifts for staff		
		Christmas gifts for staff		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (effet a category flot listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 28/28 Rpt: 32/32	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	
	11/13/2024	eFax	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.99	700 S. Flower St., 15th Floor	
		Los Angeles, CA 90017	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overfiedd/Nerital Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Fax service	or in the second
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
F	Date	Payee name	
	12/13/2024	eFax	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.99 700 S. Flower St., 15th Floor		
	Los Angeles, CA 90017		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	T Office Overricad/Nertial Experiesc	utside of Texas. Complete Schedule T. TX, officeholder living expense
		License fee	17, Unicertainer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		