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) 00083458 36 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ricardo M. NAME Date Received **ELECTRONICALLY FILED** 01/09/2025 NICKNAME LAST **SUFFIX** Adobbati CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 604 Avenida Tesoro MAILING Amount Receipt # **ADDRESS** Rancho Viejo, TX 78575 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Sandra Lopez NAME NICKNAME LAST **SUFFIX** Langley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1304 Pepper Tree Circle **ADDRESS** (Residence or Business) Brownsville, TX 78520 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 698-9469 **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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

11 OFFICE

OFFICE HELD (if any)

District Judge District 404 Cameron

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Adobbati, Ricardo M.	(The Honorable)	14 Filer ID 00083458	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures is accepted or political expenditures in made without required to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME			
	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THAI R CONTRIBUTIONS MADE ELE		s, \$	12,500.00
		ICAL CONTRIBL	JTIONS S, OR GUARANTEES OF LOAN	S)	\$	25,000.00
EXPENDITURE TOTALS	1	IZED POLITICAL E		3)	\$	0.00
TOTALO	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	9,857.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	95,452.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	50,000.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Honora	ble Ricardo M. Ad	lobbati	
			Signature of	Candidate or Officel	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subscribed before me, by the said, this the						day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of offi	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 36

			3 of 36				
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Adobbati, Ricardo M. (The Honorable)00083458						
	O SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 25,000.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00				
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.00				
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 50,000.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 9,857.61				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
12.	\$						

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/36
2	FILER NAME Adobbati, Ri	cardo M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083458
4	10/09/2024 Ciccone, Edward (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00		
		Edinburg, TX 78539				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)		
Law Offices of Ezequiel Reyna None 12 If contributor is a child, law firm of parent(s) (if any)						
12	In continuator is	s a crilia, law litti of parerias) (ii c	arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/18/2024	Guerra Law Firm P.C. Contributor address; City; S	<u> </u>			\$1,500.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	12/03/2024	Law Firm of Zayas and Za	amora. P.C.			\$1,500.00
		Contributor address; City; S Brownsville, TX 78521	tate; Zip Code			
H	Contributor's I	Principal Occupation		Contributor's Job Title		
		- I				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	L		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/36
2	FILER NAME Adobbati, Ri	cardo M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083458
4	5 Full name of contributor out-of-state PAC (ID#:) 10/09/2024 Law Offices of Ezequiel Reyna Jr. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00		
		Weslaco, TX 78596				
8	8 Contributor's Principal Occupation 9 Contributor's Job Title					
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/10/2024 Law Offices of Ramon Garcia, P.C. Contributor address; City; State; Zip Code			\$500.00		
		Edinburg, TX 78539		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/08/2024	Mauricio Garcia				\$2,000.00
		Contributor address; City; Brownsville, TX 78526	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/36		
2	FILER NAME Adobbati, Ri	cardo M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083458		
4	07/05/2024 Michael Young Law Office 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$750.00			
8	Contributor's F	Brownsville, TX 78520 Principal Occupation	9 Contributor's Job Title			
	Communication of the communica					
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/14/2024 Orlando Garcia Law Firm P.L.L.C. Contributor address; City; State; Zip Code McAllen, TX 78504		\$500.00				
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Continuators	Рішсіраі Оссираціон	Continuator \$ 300 Title			
Contributor's employer/law firm Law firm of contributor's s			Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/01/2024 Rick Canales Law Office Contributor address; City; State; Zip Code			\$1,500.00			
	Contributorio	Brownsville, TX 78520 Principal Occupation	Contributorio Job Titlo			
	Contributors	Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm Law firm of cor			Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

MON	ETARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
The Ins	truction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/36	
2 FILER NA	ME i, Ricardo M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083458	
4 Date			7 Amount of Contribution (\$) \$250.00
	McAllen, TX 78501		
8 Contribut	or's Principal Occupation	9 Contributor's Job Title	
10 Contribut	or's employer/law firm	11 Law firm of contributor's sp	pouse (if any)

PLEDG	ED CONTRIBUTIONS (JUDIC	IAL)		SCHED	ULE B(J)		
The li	nstruction Guide explains how to compl	ete this form.	1 Total pages Sc Sch: 1/1 Rpt:				
2 FILER NAME Adobbati, Ric	cardo M. (The Honorable)		3 Filer ID (00083458	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF	UNITEMIZED PLEDGES			\$	0.00		
5 Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$)	9 In-kind (If ap	description plicable)		
			Check if travel	utside of Texas.	Complete Schedule T.		
10 Pledgor's princ	cipal occupation	11 Pledgor's job title	•				
12 Pledgor's emp	loyer/law firm	13 Law firm of pledgo	r's spouse (if any)				
14 If pledgor is a	child, law firm of parent(s) (if any)						

	LOANS (JUDICIAL)					SCHEDULE E(J)			
	The Instructio	The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J): Sch: 1/1 Rpt: 9/36				
2	FILER NAME Adobbati, Ricard	FILER NAME Adobbati, Ricardo M. (The Honorable)			Filer ID 000834	(Ethics Commis	ssion Filers)		
4	TOTAL OF UNITEMIZED LOANS					\$	50,000.00		
5	7 Name of lender out-of-state PAC (ID#:)	9 Loan Amour	nt (\$)			
6 Is lender a 8 Lender address; City; State; Zip Code financial institution?					10 Interest Rate				
						11 Maturity Dat	e		
12	Lender's Principal	Occupation	13 Lender's Job Title						
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)				
16	16 If lender is child, law firm of parent(s) (if any)								
17 Description of Collateral None			18 Check if personal funds we	ere d	eposited	l into political acc (See Instruc			
19	19 GUARANTOR INFORMATION 20 Name of guarantor				22 Amount Gua	ranteed (\$)			
not applicable 21 Guarantor address; City; State; Zip Code									
	Guarantor's Princip		24 Guarantor's Job Title						
25	Guarantor's Emplo	yyer/Law Firm	26 Law Firm of guarantor's sp	ouse	e (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)							

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: 1/26 Rpt: 10/36	2 FILER NAME Adobbati, Ricardo M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083458
4	Date	5 Payee name
_	08/12/2024	Adobbati, Ricardo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$773.27	P.O. BOX 202
		PORT ISABEL, TX 78578
8	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
		Hotel Reimbursement for State Bar Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/26/2024	Adobbati, Ricardo
	Amount (\$)	Payee address; City; State; Zip Code
	\$319.07	P.O. BOX 202
		PORT ISABEL, TX 78578
	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 Austin, TX, officeholder living expense
		Reimbursement Hotel - LatinX annual meeting Dallas
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	08/01/2024	American Board of Trial Advocates
	Amount (\$)	Payee address; City; State; Zip Code
	\$334.99	10213 N. 10th
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the unique state of Taxana Campilate Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Meeting and Awards Ceremony
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		gory 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 (EI	thics Commission Filers)
	Sch: 2/26 Rpt: 11/36	Adobbati, Ricardo M. (The Honorable) 00083458	
4	Date	5 Payee name	
	09/24/2024	American Headshot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$108.25	1805 Ruben Torres	
		Suite A9	
		Brownsville , TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Gift/Awards/Memorials Expense	Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expe	
		Portrait Composite - for jury roo	m
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/14/2024	Artesanos Design Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	3701 Carmen Ave	
		Unit 2701	
		Rancho Viejo, TX 78575	
	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	
		Check if Austin, TX, officeholder living experience Display - LatinX annual meeting	
		Display Editivation in the configuration of the con	,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/12/2024	Baires Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.95		
	Ψ 10.00	2200 0011110 / 110	
		Miami Beach, FL 33139	
	PURPOSE	<u> </u>	
	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 expe	
		Lunch Judges Miami	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Jn	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/26 Rpt: 12/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	08/29/2024	Bubba's 33
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.14	2338 N. Exp 77
		Brownsville, TX 78526
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 Meeting CLE Committee
		Meeting CLL Committee
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Eddie V's
	Amount (\$)	Payee address; City; State; Zip Code
	\$298.56	1834 N. Loop 1064
		San Antonio, TX 78248
	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 Judicial Conference - Meeting with judges
		Sudicial Conference - Meeting with Judges
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	Eden Roc
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.06	4525 Collins Ave,
		Miami Beach, FL 33140
	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
		Judge Seminar, Miami - Hotel
	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 4/26 Rpt: 13/36	2 FILER NAME Adobbati, Ricardo M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083458
Ļ	·		00063436
4	Date 11/11/2024	5 Payee name Etch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.36	303 Demonbreun St	
		Nashville, TN 37201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Cod/Beverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Nashville sem	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/12/2024	Etch	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$198.44	303 Demonbreun St	
		Nashville, TN 37201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Liverit Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Nashville	TX, officerolaer living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/19/2024	Fedex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.08	110 N. Expressway Suite A	
		Brownsville, TX 78521	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
			s - Presentation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experience to beliefft C/Of		

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/26 Rpt: 14/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
L	07/25/2024	Fig and Olive
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.94	5115 Westheimer Rd Suite C2500
		Houston, TX 77056
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
		Food - State Bar meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitie to belieff C/OI	
	Date	Payee name
	09/18/2024	Garay, Bertha (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.68	2102 El Portal
		Brownsville, TX 78520
	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
		Reimbursement - Water cooler for office and jury
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Data	Power name
	Date 11/19/2024	Payee name
		Garza, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2985 E. 31st. Street
		Brownsville, TX 78521
	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 thanksgiving lunch - staff
		thanksgiving functi - stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/26 Rpt: 15/36		ricardo M. (The Hor	norable)				00083458	
4	Date	5 Payee name							
	07/26/2024	Gastrohub							
6	Amount (\$) \$57.46	7 Payee addre 7800 Airpor	t Blvd	State; Zip Co	ode				
_		Houston, T			<i>.</i>				
8	PURPOSE OF EXPENDITURE		ee Categories listed at the top age Expense	o of this schedule)	(b)	_	, TX,	de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Ol		ceholder name	Office sou	ight			Office he	eld
	Date	Payee name							
	12/30/2024	HEB							
	Amount (\$) \$605.90	Payee addre 1679 Tex -1 PORT ISAE		State; Zip Co	ode				
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe				Check if travel of Check if Austin,	, TX,	de of Texas. Com officeholder living emony - Foo	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ught			Office he	eld
	Date 09/03/2024	Payee name Ida Claire							
	Amount (\$) \$80.21		ss; City; s Maltsberger Rd, o, TX 78209	State; Zip Co	ode				
	PURPOSE OF EXPENDITURE		ee Categories listed at the top age Expense	o of this schedule)	(b)	ш	, TX,	de of Texas. Com officeholder living al Conferenc	expense
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ught			Office he	eld

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)
	Sch: 7/26 Rpt: 16/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	11/14/2024	J. Alexander's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.79	2609 West End Avenue
		Nashville, TN 37203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense
		Seminar judges
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2024	J. Alexander's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.18	2609 West End Avenue
		Nashville, TN 37203
	PURPOSE	
	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
		Lunch Judges
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Davida marra
	09/06/2024	Payee name J.W Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$915.68	23808 Resort Parkway
		San Antonio, TX 78261
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Annual Judicial Conference Hotel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DETICITE C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		e)
1	Total pages Schedule F1:		Filers)
Ļ	Sch: 8/26 Rpt: 17/36		
4	Date 09/05/2024	5 Payee name J.W Marriott	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.52	23808 Resort Parkway	
		San Antonio, TX 78261	
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	
		Food - Hotel	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/11/2024	Jack Cawthon BBQ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.01	1601 Charlotte Ave	
		Nashville, TN 37203	
	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	
		Nashville Seminar	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	08/27/2024	Jason's Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.81	4365 S. Exp. 77	
		Suite 900	
		Brownsville, TX 78520	
	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	
		Mtg Family Law CLE	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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	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: 9/26 Rpt: 18/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	07/26/2024	Joey's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.70	5045 Westheimer
		Suite X-01
		Houston, TX 77056
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
		Meeting - State Bar
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/09/2024	Josephine's
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.07	110 N Tarnava St.
		Port Isabel, TX 78578
	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 Campaign committee final meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/08/2024	Judge Janet Leal
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	974 E. Harrison
		Brownsville, TX 78520
	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 Thanksgiving event for staff at courthouse
		Thanksgiving event for stan at courthouse
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/26 Rpt: 19/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	10/09/2024	La Pampa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.02	3230 Pablo Kisel
		Suite F-102
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food, meeting Family Law CLE (Anabelle Alegria event)
Ļ	0 1 2 0 1 1 0 1 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Davies same
		Payee name
	12/18/2024	La Parrillita
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.84	1700 Southmost Rd
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Christmas Part/Food Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office staff food. Gift exchange
		Since Stail 1884. Sin exchange
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/16/2024	Liam's
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.06	202 W. Tarpon Street
	,	
		South Padre Island, TX 78597
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising Dinner
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/26 Rpt: 20/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	08/19/2024	Los Mismos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.94	1701 E. Price
		Brownsville, TX 78521
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 Court Staff Meeting
		Court Stail Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/12/2024	Lotus Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.14	2489 Boca Chica
		Brownsville, TX 78521
	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
		CCBA Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/05/2024	Marriott Marquis Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1777 Walker St,
		Houston, TX 77010
	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 State Bar, Parking
		State Bar, Farking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
I		

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 12/26 Rpt: 21/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	12/11/2024	Mercato de la Pescheria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.84	412 Espanola Way
		Miami Beach, FL 33129
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 taxi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	08/08/2024	Oyster Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.42	153 Paredes Line Road
		Brownsvile, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paralegal Program Meeting
		T araiogai i rogram mooting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/14/2024	Palm
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.84	140 5th Avenue South
		Nashville, TN 37201
	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 Food - Dinner with Judges
		1 oou - Diffict with studges
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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 Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Adobbati, Ricardo M. (The Honorable) Sch: 13/26 Rpt: 22/36 00083458 4 Date Payee name 11/10/2024 Pick Up Stix 6 Amount (\$) Payee address; City; State; Zip Code \$35.94 2800 N. Terminal Road Houston, TX 77032 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel - Nashville Seminar Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/2024 Pizza Huit Amount (\$) Payee address; City; State; Zip Code \$23.79 2333 Boca Chica Blvd Brownsville, TX 78521 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch - Arpa MEETING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2024 **Red Mass** Amount (\$) Payee address: City: State; Zip Code \$750.00 1201 E. Van Buren Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Red Mass Donation** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Pollin pense Printi	g Expense ng Expens			Travel in Distr		
	Credit Card Payment		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 14/26 Rpt: 23/36	l	E Ricardo M. (The Ho	onorable)			3	Filer ID 00083458	(Ethics Commission Fil	ers)
4	Date	5 Payee name								
	11/14/2024	River Hous								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code					
	\$108.23	313 Demo	onbreun St							
		Nashville,								
8	PURPOSE OF EXPENDITURE	(a) Category (Travel Out	See Categories listed at the to of District	op of this schedule)	(b)	=		de of Texas. Co	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office	held	
	Date	Payee name	e							
	09/10/2024	Rotary Clu	b of Historic Browns	sville						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$250.00	500 Morris	on							
		Brownsville	e, TX 78526							
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE		Contributio	ns/Donations Made	е Ву		=			mplete Schedule T.	
		Candidate	Officeholder/Politica	al Committee		Sneakers for		officeholder liv		
						Sileakers ioi	Sil	adents Doi	lation	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office	neld	
_	Data									
	Date 07/05/2024	Payee name Rouxpour	2							
		· ·	City ::	Ctata: 7ia	Cada					
	Amount (\$) \$168.08	Payee addr	ess;	State; Zip	Code					
	Ψ100.00	2043 COIII	merciai Center bivu							
		Katy, TX 7	7494							
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description		df T O-	and to Oak adula T	
	EXPENDITURE	Food/Beve	erage Expense					officeholder liv	mplete Schedule T. ng expense	
						Lunch - Pote			•	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office	held	
1										

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

1 Total pages Schedule F1: Sch: 15/26 Rpt: 24/36 Adobbati, Ricardo M. (The Honorable) 4 Date 10/15/2024 5 Payee name Rudy's 6 Amount (\$) 7 Payee address; City; State; Zip Code 2780 Frontage Rd #77/83 Brownsville, TX 78526 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Family Law Meeting	Filers)
4 Date 10/15/2024 5 Payee name Rudy's 6 Amount (\$) \$27.01 7 Payee address; City; State; Zip Code 2780 Frontage Rd #77/83 Brownsville, TX 78526 8 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	
10/15/2024 Rudy's 6 Amount (\$) 7 Payee address; City; State; Zip Code 2780 Frontage Rd #77/83 Brownsville, TX 78526 8 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	
6 Amount (\$) 7 Payee address; City; State; Zip Code 2780 Frontage Rd #77/83 Brownsville, TX 78526 8 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	
\$27.01 2780 Frontage Rd #77/83 Brownsville, TX 78526 8 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	
Brownsville, TX 78526 8 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	
Brownsville, TX 78526 8 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	
8 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	
OF EXPENDITURE Food/Beverage Expense Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE FOOd/Beverage Expense Check if Austin, TX, officeholder living expense	
Tanny Law Meeting	
0. Complete ONLY if direct. Condidate/Officeholder name. Office cought.	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Pavee name	
i ayoo namo	
Amount (\$) Payee address; City; State; Zip Code	
\$229.77 11246 South Wilcrest Drive	
145	
Houston, TX 77099	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Travel	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
11/13/2024 Sixty Vines	
Amount (\$) Payee address; City; State; Zip Code	
\$76.66 5055 Broadway Suite 3200	
Nashville, TN 37203	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Food - Nashville	
Complete ONLY if direct Condidate/Officeholder name Office assists	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 16/26 Rpt: 25/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	11/09/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	2702 Love Field Drive
		Dallas, TX 75235
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 Flight Nashville Seminar
		r iight Nashville Sethina
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	07/25/2024	Spec's
	Amount (\$)	Payee address; City; State; Zip Code
	\$218.51	5130 Richmond Ave.
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense State Bar Gift Basket
		State Dai Gilt Dasket
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 09/05/2024	Payee name Toyon Apparietion of District Judges
		Texas Association of District Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.06	201 Caroline
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Methibership Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/26 Rpt: 26/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	10/16/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio Street
	,	
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Seminar registration - Family Law seminar
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2024	Texas Roadhouse
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$314.93	1224 E Jackson Ave
	φ314.93	1224 L Jackson Ave
		McAllen, TX 78503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	┨
	Date	Payee name
	07/04/2024	Trulucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.00	5350 Westheimer
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		State Bar
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 18/26 Rpt: 27/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	11/10/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.42	1725 3rd Street
		San Francisco, CA 94158
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
		Nashville
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	11/10/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.85	1725 3rd Street
		San Francisco, CA 94158
	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
		Nashville
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/11/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.01	1725 3rd Street
		05
		San Francisco, CA 94158
	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	Check if Austin, TX, officeholder living expense
		Nashville Nashville
	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 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			emoriais Expense	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed	above)
	Credit Card Payment		The Instruc	tion Guide explains l	how to co	mple	te this form.				
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 19/26 Rpt: 28/36	/	Adobbati, Ricardo M.	(The Honorable)					00083458		
4	Date	5 F	Payee name								
	11/11/2024		Jber								
6	Amount (\$)	7 F	Payee address; City	· State·	Zip Co	de					
Ĭ	\$13.94	l	.725 3rd Street	, σιαιο,	Z.p 00	uc					
	¥20.0 .	-	0 0.0 0.000								
		١,	Can Francisco CA 04	150							
		-	San Francisco, CA 94		-						
8	PURPOSE OF		Category (See Categories li	sted at the top of this sche	edule)	(b)	Description		d4.T O	wheth Oak adula T	
	EXPENDITURE	1	ravel Out of District				느		officeholder living	plete Schedule T.	
							Nashville			, . ,	
9	Complete ONLY if direct	Ca	andidate/Officeholder na	.me C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н				•					
	Date		Payee name								
	11/12/2024	l	Jber								
	Amount (\$)		Payee address; City	· State·	Zip Co	de					
	\$12.43	l	.725 3rd Street	, σιαιο,	Z.p 00	uc					
	412.10										
		,	San Francisco, CA 94	150							
	DUDDOCE	_			Ī	(h)	5 ' ' '				
	PURPOSE OF		Category (See Categories I	sted at the top of this sche	edule)	(D)	Description Check if travel of	nutsio	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	'	ravel Out of District				=		officeholder living		
							Nashville				
	Complete ONLY if direct		andidate/Officeholder na	ime C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date	F	Payee name								
	11/13/2024	ι	Jber								
	Amount (\$)	F	Payee address; City	; State;	Zip Co	de					
	\$12.96	1	.725 3rd Street								
		5	San Francisco, CA 94	158							
	PURPOSE	(a) (Category (See Categories li	sted at the top of this scho	edule)	(b)	Description				
	OF EXPENDITURE		ravel Out of District		, ,			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						_	TX,	officeholder living	j expense	
							Nashville				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder na	ıme C	Office sou	ght			Office he	eld	
		•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 29/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	11/13/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.74	1725 3rd Street
		San Francisco, CA 94158
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 Taxi
		TUAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	11/14/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.97	1725 3rd Street
		San Francisco, CA 94158
	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 Nashville Seminar
		Nashville Settilitai
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	11/15/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.49	1725 3rd Street
		San Francisco, CA 94158
	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
		Transportation to airport
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card F dyment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 21/26 Rpt: 30/36	Adobbati, Ricardo M. (The Honorable)		00083458	
4	Date	5 Payee name			
	12/08/2024	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$67.17	1725 3rd Street			
		San Francisco, CA 94158			
8	PURPOSE) Description		
٠	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		I outside of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver dat of Bistriot	Check if Austin	n, TX, officeholder living	g expense
			Miami Confe	rence travel to	hotel from airport
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	i	Office h	eld
	expenditure to benefit C/O	1			
	Date	Payee name			
	12/09/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.47	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
	OF	Transportation Equipment And Related		l outside of Texas. Com	pplete Schedule T.
	EXPENDITURE	Expense		n, TX, officeholder living	g expense
			travel in mia	mi	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	İ	Office he	eld
	experiantare to benefit of or				
	Date	Payee name			
	12/09/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.39	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Travel Out of District	ш	l outside of Texas. Com	
	LXI LINDITORE			n, TX, officeholder living	g expense
			meeting - jud	iges	
	0 1. 0				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office h	ela
	- p				

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 com	nplete	e this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 22/26 Rpt: 31/36	Adobbati, Ricardo M. (The Honorable)		00083458
4	Date	5 Payee name		
Ļ	12/10/2024	Uber		
6	Amount (\$) \$31.96	7 Payee address; City; State; Zip Code 1725 3rd Street	de	
	Ф31.90	1725 Sid Sileet		
		San Francisco, CA 94158		
8	PURPOSE		(h) r	Description
١	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	ι», _ι Γ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			τ	axi
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nht	Office held
١	expenditure to benefit C/O		<i>j</i> 1110	Office field
-	Date	Payee name		
	12/11/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$8.96	1725 3rd Street		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	OF EXPENDITURE	Travel Out of District	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			t	axi
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/Ol			
	Date	Payee name		
	12/09/2024	Uber	_	
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$38.99	1725 3rd Street		
		San Francisco, CA 94158		
	PURPOSE		(b) r	Description
	OF EXPENDITURE	Travel Out of District	[Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Į	Check if Austin, TX, officeholder living expense
			τ	axi
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O		,	
Г				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 23/26 Rpt: 32/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	12/11/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.95	1725 3rd Street
		San Francisco, CA 94158
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
		taxi
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit of of	<u>'</u>
	Date	Payee name
	12/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.90	1725 3rd Street
		San Francisco, CA 94158
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		taxi
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.97	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		taxi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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 con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/26 Rpt: 33/36	Adobbati, Ricardo M. (The Honorable)		00083458
4	Date	5 Payee name		•
	12/12/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$26.43	1725 3rd Street		
		San Francisco, CA 94158		
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 taxi - Miami
				toxi Witarii
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9	
_	Date	Payee name		
	12/12/2024	Uber		
_	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$12.97	1725 3rd Street	uc	
	Ψ12.01	1720 6.4 54 54		
		San Francisco, CA 94158		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(1)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel out of District		Check if Austin, TX, officeholder living expense
				Miami taxi
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit G/O	'		
	Date	Payee name		
	07/26/2024	Valley International Airport		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$30.00	3002 Heritage Way		
		Harlingen, TX 78550		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Parking
				. Grang
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		g. ''	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/26 Rpt: 34/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	11/15/2024	Valley International Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	3002 Heritage Way
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Parking airport
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	Valley International Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	3002 Heritage Way
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking, airport
		Taking, airport
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/13/2024	Vermillion Restaurant
\vdash		
	Amount (\$) \$41.74	Payee address; City; State; Zip Code 115 Paredes Line
	Φ41.74	113 Faleues Lille
		Proumovillo TV 70521
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Rayarage Eynense (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
		Meeting with Pretrial
	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 Comm

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/26 Rpt: 35/36	Adobbati, Ricardo M. (The Honorable) 00083458
4	Date	5 Payee name
	12/09/2024	Versailles
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.20	3555 SW 8th St
		Miami, FL 33135
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 - judges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/26/2024	Westin Galleria
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	5060 W Alabama St
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense Parking - State Bar Conference
		Faiking - State Bai Conterence
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	12/11/2024	Yuca
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.50	1555 Washington Ave
		· · · · · · · · · · · · · · · · · · ·
		Miami Beach, FL 33129
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner, Miami judge conference
	Commission ONU Wife allows	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

001517	ANDING LOANS	SCHEDULE L				
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 36/36				
FILER NAME Adobbati, Ric	cardo M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083458				
LENDER INFORMATIO	N Adobbati, Ricardo					
	5 Lender address; City; State; Zip Code					
	PORT ISABEL, TX 78578					
GUARANTOR INFORMATIO						
X not applical	7 Guarantor address; City; State; Zip Code					
	·					