CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00030098		2 Total pages filed: 37
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Christi L.			Date Received
					ELECTRONICALLY FILED
	NICIONAME			CUETIV	01/15/2025
	NICKNAME	LAST Craddick		SUFFIX	01/10/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	3112 Windsor Ste A-505				Receipt # Amount
ADDRESS					, and and
Change of Address	Austin, TX 78703				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	Thornton J.			
	NICKNAME	LAST		SUFFIX	
		Keel			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	23812 Tres Coronas				
(Residence or Business)					
,	Spicewood, TX 78669				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER	(512) 699-3899	IL NOMBER E	LATENSION		
PHONE	(312) 033-3033				
8 REPORT					
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
		Oth day before	alastian \Box	Eveneded modified	appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	10/27/2024	TH	IROUGH	12/31/202	
	10/21/2024	• • • • • • • • • • • • • • • • • • • •		12/01/202	·
10 ELECTION	ELECTION DATE			ELECTION TYPE	
20 222011011	Month Day Year		rimary	Runoff	Other
	11/05/2024		-		
		XIG	eneral	Special	
44 055105	OFFICE HELD (%			40 055105 001151	Ctlongon
11 OFFICE	OFFICE HELD (if any) Railroad Commissioner			12 OFFICE SOUGHT Railroad Commis	
	Railloau Commissioner			Railloau Commi	SSIUTET
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Craddick, Christi	L. (The Honorable)	14 Filer ID 00030098	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officehol	e of political contributions accepted or po der. These expenditures may have been s and officeholders are required to report	n made without the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYP	PE COMMITTEE NAME					
LI "	X GENERAL	Texas Alliance for Life PAC					
		COMMITTEE ADDRESS					
	SPECIFIC	8000 Centre Park Dr Ste 380					
		Austin, TX 78754					
		COMMITTEE CAMPAIGN TREASI	URER NAME				
		Shaw, James					
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS				
		4505 Corazon Cv					
	1. TOTAL UNI	Round Rock, TX 78681 TEMIZED POLITICAL CONTRIBUTIONS					
16 CONTRIBUTION TOTALS	\$ 0.00						
	2. TOTAL POL (OTHER TH	EES OF LOANS)	\$ 148,179.00				
EXPENDITURE TOTALS	3. TOTAL UNI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POL	ITICAL EXPENDITURES		\$ 165,965.31			
CONTRIBUTION BALANCE	5. TOTAL POL REPORTING	ITICAL CONTRIBUTIONS MAINTAINED G PERIOD	O AS OF THE LAST DAY OF THE	\$ 1,563,618.76			
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OUTSTANDI PORTING PERIOD	NG LOANS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required t Election Code.				
			The Honorable Christi L. Crado	lick			
		-	Signature of Candidate or Officeho				
AFFIX NO	TARY STAMP / SEAL	. ABOVE	v				
Sworn to and subs	cribed before me, bv t	he said	, this the	day			
of, 20, to certify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer admini	stering Title of office	r administering oath			
3 2	· · · · · · ·		•	3			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JULIC	3 of 37
18 FILI		ME Christi L. (The Honorable)	19 Filer ID 00030098	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUB	STOTAL AMOUNT
1.	X	\$	148,179.00		
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	159,809.64
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	\$	6,155.67		
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	\$	
I					

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	HEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/37	
2	FILER NAME Craddick, Ch	ıristi L. (The Honorable)		3	Filer ID (Ethics Commission 00030098	on Filers)
4	Date 10/28/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78701-2471				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Aguirre & Fields LP PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Sugar Land, TX 77479-6833	5 1 (0 1 : "			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/22/2024	Full name of contributor			Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77079-2604				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Brooks, Randy (Mr.) Contributor address; City; State; Zip Code San Angelo, TX 76903-6769			Amount of Contribution (\$)	\$2,500.00	
	Principal occu Wholesale F	pation / Job title (See Instructions) uel	Employer (See Instructions BNB Ventures, LLC)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/14/2024 CDS Muery PAC Contributor address; City; State; Zip Code San Antonio, TX 78216-4714				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/37	
2	FILER NAME Craddick, Ch	nristi L. (The Honorable)			3	Filer ID (Ethics Commission 00030098	on Filers)
4	Date 11/25/2024	Full name of contributorCGI Technologies and SoluContributor address; City; State			7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701-4143					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/12/2024	Full name of contributor Cooper, T. Christian (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$15,000.00
	Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Eastern Partners					
	Director Eastern Partner			Eastern Partners			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:) Eissler, W. Robert (The Honorable) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
		The Woodlands, TX 77380-	3912				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor Forse, John Burton (Mr.) Contributor address; City; Stat Royse City, TX 75189-2511	e; Zip Code)	•	Amount of Contribution (\$)	\$79.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor Fry, Jeffrey (Mr.) Contributor address; City; Stat Driftwood, TX 78619-9711	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/37
2	FILER NAME Craddick, Ch	nristi L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00030098
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gaither, Caroline 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$15.00
•	Dringing! goog	Whitesboro, TX 76273-5764	D. Employer (See Instructions	<u></u>	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Government Personnel Mutual Life Insurance PAC Contributor address; City; State; Zip Code San Antonio, TX 78265-9567				Amount of Contribution (\$) \$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Gutierrez Jr., Joe M. (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00	
	Principal occu	Houston, TX 77019-3217 pation / Job title (See Instructions)	Employer (See Instructions	 ;)	
	CEO/ Retire	d	Novi Midstream, LLC/ R	etir	red
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Holland, Gary R. Contributor address; City; State; Zip Code Lexington, TX 78947-5046)		Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Operating A Contributor address; City; State; Zip Code Eagle Pass, TX 78852-2503	ccount		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTR		SCHEDULE A1		
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/37
2	FILER NAME Craddick, Ch	ıristi L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00030098
4	Date 10/29/2024	 Full name of contributor out-of-star ut-of-star ut)	7	Amount of Contribution (\$) \$5,000.00
8		Midland, TX 79710-0387 pation / Job title (See Instructions)	9	Employer (See Instructions	5)	
	Date 10/28/2024	Lloyd Gosselink Rochelle & Townser Contributor address; City; State; Zip Cod Austin, TX 78701-2478				Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 11/15/2024					Amount of Contribution (\$) \$500.00
	Principal occu	Dallas, TX 75220-2145 pation / Job title (See Instructions)		Employer (See Instructions	j)	
	Date 11/22/2024	Low, William M. (Mr.)				Amount of Contribution (\$) \$10,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions) Juno Energy III, LLC		
	Date 11/04/2024	Full name of contributor out-of-sta McMillen Jr., John T. (Mr.) Contributor address; City; State; Zip Cod Rosanky, TX 78953-0012	ate PAC (ID#:			Amount of Contribution (\$) \$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>,</u>	
			l .			

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/37	
2	FILER NAME Craddick, Ch	nristi L. (The Honorable)			3	Filer ID (Ethics Commissio 00030098	n Filers)
4	Date 11/04/2024	5 Full name of contributor [Nucor Corporation Political6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$2,500.00
ρ	Principal occu	Jewett, TX 75846-3374 pation / Job title (See Instructions)		9 Employer (See Instructions	.) 		
_	- mcipai occu	pation 7 300 title (See Instructions)		5 Employer (See instructions	·)		
	Date 12/06/2024	Full name of contributor ONE Gas, Inc. PAC Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
	Dringing aggr	Tulsa, OK 74103-4298 pation / Job title (See Instructions)	-	Employer (See Instructions	·/		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/14/2024 Parkhill PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Lubbock, TX 79423-1930					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/28/2024	Full name of contributor Perot Jr., H. Ross (Mr.) Contributor address; City; Sta Dallas, TX 75219-6268)		Amount of Contribution (\$)	\$50,000.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Hillwood Development (p.	
	Date 12/14/2024	Full name of contributor Raba-Kistner PAC Contributor address; City; Sta San Antonio, TX 78269-02	·)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/37
2	FILER NAME Craddick, Ch	ıristi L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00030098
4	Date 11/15/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$10,000.00
_		Midland, TX 79707-1413			
8	engineer	pation / Job title (See Instructions)	Employer (See Instructio self	ns)	
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#: Ritter, John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$20.00
	Dringing Lagor	Corsicana, TX 75110-2097	Franks voy (Coo la atrustic		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: Scott Douglass & McConnico LLP Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$5,000.00
		Austin, TX 78701-4654			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Tenaska Employees Texas PAC Contributor address; City; State; Zip Code Omaha, NE 68154-5212			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Energy PAC Contributor address; City; State; Zip Code Austin, TX 78701-1789			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/37	
2	FILER NAME Craddick, Ch	nristi L. (The Honorable)		3	Filer ID (Ethics Commission 00030098	on Filers)
4	Date 11/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ Tomlin, Betty (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		Midland, TX 79705-6546				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_Vachris, George B. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Humble, TX 77346-3379 spation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/29/2024				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Von Dohlen, Tim (Mr.) Contributor address; City; State; Zip Code Austin, TX 78733-3260			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Waller, Steve (Mr.) Contributor address; City; State; Zip Code Albany, TX 76430-8041			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/37	
2	FILER NAME Craddick, Ch	nristi L. (The Honorable)		3	Filer ID (Ethics Commission 00030098	on Filers)
4	Date 12/14/2024				Amount of Contribution (\$)	\$250.00
8	Principal occu	Pearland, TX 77584-4312 spation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	- Intelpar occu	pation 7 oob title (occ mondono)	2 Employer (See mandenons	3)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Yates, George M. (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75225-1817				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/19/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77024-6902 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

SCHEDULE F1

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

AccountingBanking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment		I Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling Ex ense Printing E		Travel in District Travel Out of Di			
L	Cicuit Cara Fayincill		The Instruction Guide	explains how to co	omplete this form.				
1	Total pages Schedule F1:	2 FILER NAM	1E			3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/16 Rpt: 12/37	Craddick,	Christi L. (The Honor	able)			00030098	3	
4	Date	5 Payee nam	e			'			
	10/28/2024	AT&T							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
	\$68.44	PO Box 29			-				
	400. F4								
		Omaha, N	E 68103-2969						
8	PURPOSE	(a) Category	See Categories listed at the top	o of this schedule)	(b) Description				
	OF EXPENDITURE		erhead/Rental Expens		Check if tra			omplete Schedule T.	
	EM EMDITORE				. –		(, officeholder liv	ing expense	
					Communic	ation	services		
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ught		Office	held	
	Date	Payee nam	e						
	11/26/2024	AT&T							
	Amount (\$)	Payee addr	ress; City;	State; Zip Co	ode				
	\$68.44	PO Box 29	•						
		Omaha, N	E 68103-2969						
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expens	se	I <u>–</u>			omplete Schedule T.	
					Communic		(, officeholder liv	ing expense	
						auUH	301 VICES		
_	Complete ONLY if direct	Condidate (C	fficeholder reserve	Office con	labt		Off: a -	hold	
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office sou	ugiit		Office	netu	
	Date	Payee nam	е						
L	12/26/2024	AT&T				_			
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$68.44	PO Box 29	969						
		Omaha, N	E 68103-2969						
	PURPOSE		See Categories listed at the top	of this schodule)	(b) Description				
	OF		see Categories listed at the top erhead/Rental Expens		I `	vel outs	side of Texas. Co	omplete Schedule T.	
	EXPENDITURE		oad/ Northal Expell		. —		(, officeholder liv		
					Communic	ation	services		
	Complete ONLY if direct		fficeholder name	Office sou	ught		Office	held	
	expenditure to benefit C/OH	4							

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 13/37	Craddick, Christi L. (The Honorable) 00030098
4	Date	5 Payee name
	10/28/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.08	1340 Poydras St Ste 1770
		New Orleans, LA 70112-5204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/31/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.50	1340 Poydras St Ste 1770
		New Orleans, LA 70112-5204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/15/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$390.30	1340 Poydras St Ste 1770
		New Orleans, LA 70112-5204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma

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

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

	Candidate/Officeholder/Politica			Legal Services		g Exper	es/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 3/16 Rpt: 14/37		Craddick, C	hristi L. (The Ho	norable)				00030098		
4	Date	5	Payee name					_			
	11/20/2024		Anedot								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$39.30		1340 Poydra	as St Ste 1770	•						
			-								
			New Orlean	s, LA 70112-52	04						
8	PURPOSE	(a)				(b)) Description				
ľ	OF	(")		e Categories listed at the Fundraising Exp		(5)	`	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Conontation	and dising Exp	701.00		Check if Austin	, TX	, officeholder living	j expense	
							Processing fe	ee			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	t		Office he	eld	
	expenditure to benefit C/OI	П									
	Date		Payee name								
	12/06/2024		Anedot								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$97.80		1340 Poydra	as St Ste 1770							
			New Orlean	s, LA 70112-52	04						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)) Description				
	OF EXPENDITURE		Solicitation/	Fundraising Exp	ense		=		ide of Texas. Com		
							Processing fe		, officeholder living	g expense	
							i rocessing ic				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office s	ouaht	<u> </u>		Office he	-ld	
	expenditure to benefit C/O		20.10.0000, 01		000 0	o a g	•		000		
-	Date	Т	Dayoo nama								
	10/31/2024		Payee name Baker, Wyni	n							
	Amount (\$)		Payee addres		State; Zip	Codo					
	\$184.70		•	d Rd Apt 106	State, Zip	Coue					
	Ψ104.70		1717 Ellileic	7 Nu Apt 100							
			Austin, TX 7	20702 2202							
	DURROSE	(-)				(4.)	\				
	PURPOSE OF	(a)	•	e Categories listed at the ges/Contract La		(D)	Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Salanes/wa	iges/Contract La	abor				, officeholder living		
							Campaign re	late	ed business		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	į		Office he	eld	
	expenditure to benefit C/OI	Н									

SCHEDULE F1

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

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

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: 4/16 Rpt: 15/37	Craddick, Christi L. (The Honorable) 00030098
4	Date	5 Payee name
L	10/31/2024	Baker, Wynn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.50	1717 Enfield Rd Apt 106
		Austin, TX 78703-3302
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Personal cell phone reimbursement
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/27/2024	Baker, Wynn
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.70	1717 Enfield Rd Apt 106
		Austin, TX 78703-3302
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign related business
		Gampaign rolated submission
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/27/2024	Baker, Wynn
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.50	1717 Enfield Rd Apt 106
		Austin, TX 78703-3302
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Personal cell phone reimbursement
		r croonal cell phone reimbarsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/0	Contract Labor e this form.		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:			orable)					Filer ID	(Ethics Commission File	ers)
Ļ	Sch: 5/16 Rpt: 16/37		Christi L. (The Hone	orable)					00030098		
4	Date	5 Payee name									
	10/31/2024		li Celey (Ms.)			_					
6	Amount (\$)	7 Payee addre	•	State;	Zip Coo	de					
	\$9,142.14	4715 Sincl	air Ave								
		Austin, TX	78756-2818								
8	PURPOSE	(a) Category (See Categories listed at the t	top of this sche	dule)	(b) [Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Lab	or		ļ			de of Texas. Com officeholder living	plete Schedule T.	
						L	Campaign rel			g 0po1100	
							. •				
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	ffice soug	ght			Office he	eld	
	Date	Payee name									
	10/31/2024	1 1	li Celey (Ms.)								
	Amount (\$)	Payee addr		State;	Zip Cod	de					
	\$8.66	4715 Sincl	air Ave	·	•						
		Austin, TX	78756-2818								
	PURPOSE OF		See Categories listed at the		dule)	(b)	Description			and the Collect I T	
	EXPENDITURE	Loan Repa	ayment/Reimburser	ment		Ĺ	_		de of Texas. Com officeholder living	plete Schedule T. g expense	
						ļ	Personal cell				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ght			Office he	eld	
	Date	Payee name	e								
	11/27/2024	l ´	li Celey (Ms.)								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de					
	\$9,547.00	4715 Sincl									
		Austin, TX	78756-2818								
	PURPOSE	(a) Category (s	See Categories listed at the t	top of this sche	dule)	(b) I	Description				
	OF EXPENDITURE		/ages/Contract Lab		·	[Check if travel of			plete Schedule T.	
						L	Check if Austin, Campaign rel		officeholder living	g expense	
						•	oampaigii iti	aic	u Dusii1033		
	Complete ONLY if direct	Candidate/∩f	ficeholder name	Of	ffice soug	ht			Office he	eld	
	expenditure to benefit C/O			O.	co oodg	,			211100 111		

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 The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schodula F1:	2 FILER NAM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	Filer ID	(Ethics Commission File	rc)
_	Total pages Schedule F1: Sch: 6/16 Rpt: 17/37		= Christi L. (The Honoral	ole)			3	00030098	(Ethics Commission File	13)
4	Date									
4		,								
	12/30/2024	Barr, Ranu	i Celey (Ms.)							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$9,892.34	4715 Sincl	air Ave							
		Austin, TX	78756-2818							
8	PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		ages/Contract Labor	•				de of Texas. Comp		
	LAFENDITORE					_		officeholder living	expense	
						Campaign rel	late	ed business		
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	experiditure to benefit C/Or	1								
	Date	Payee name								
	12/30/2024	Barr, Rand	i Celey (Ms.)							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$18.97	4715 Sincl	air Ave							
		Austin, TX	78756-2818							
	PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Loan Repa	yment/Reimbursemen	t		=		de of Texas. Com		
						ш		officeholder living		
						Personal cell	pn	one reimbur	sement	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıgnt			Office he	ela	
	Date	Payee name								
	11/01/2024	Castle Con	nmunications							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$5,000.00	Po Box 906	691							
		Austin, TX	78709-0691							
	PURPOSE	(a) Category (s	iee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting						de of Texas. Comp		
	EXPENDITORE					ш		officeholder living	expense	
						Communicati	ons	s Consulting		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
L	Experiorare to benefit C/OF	T								

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

	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: 7/16 Rpt: 18/37	2 FILER NAME Craddick, Christi L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00030098
4	Date	5 Payee name
	12/05/2024	Castle Communications
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code Po Box 90691
		Austin, TX 78709-0691
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Communications Consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2024	Chase Credit Card
	Amount (\$)	
	` '	
	\$3,452.19	PO Box 15123
		Wilmington, DE 19850-5123
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment of campaign credit card bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2024	Dudley Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$13,500.00	1108 Lavaca St Ste 693
		Austin, TX 78701-2180
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

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: 8/16 Rpt: 19/37	Craddick, Christi L. (The Honorable) 00030098
4	Date	5 Payee name
	11/27/2024	Dudley Group LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,911.25	1108 Lavaca St Ste 693
		Austin, TX 78701-2180
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Design and print forms
		Design and print forms
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H v
F	Date	Payee name
	12/02/2024	Dudley Group LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$13,500.00	1108 Lavaca St Ste 693
		Austin, TX 78701-2180
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting
		- Campaign consulting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/04/2024	Dudley Group LLC
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$347.03	1108 Lavaca St Ste 693
		Austin, TX 78701-2180
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Design and print forms
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
\vdash		

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		nmittee	Legal Se		·			/Wages	e /Contract Labor ete this form.		Travel Out of OTHER (ente		rict ategory not listed above	e)
1	Total pages Schedule F1:	2	FILER NAME								3	Filer ID		(Ethics Commission	r Filers)
	Sch: 9/16 Rpt: 20/37	ı	Craddick, C		L. (The Ho	norab	le)					0003009	8	`	,
4	Date	5	Payee name												
	12/04/2024		Dudley Gro	up LL	С										
6	Amount (\$)	7	Payee addre	SS;	City;		State;	Zip C	ode						
	\$2,378.58		1108 Lavac	a St S	Ste 693										
			Austin, TX 7	78701	-2180										
8	PURPOSE	(a)	Category (Se	ee Categ	ories listed at th	ne top of t	this sche	dule)	(b)	Description					
	OF EXPENDITURE		Printing Exp			•		ŕ		Check if travel	outs	ide of Texas. C	omp	lete Schedule T.	
	LAFENDITORE									_		, officeholder liv	/ing	expense	
										Design and p	prin	t forms			
9	Complete ONLY if direct		Candidate/Offi	cehold	er name		Of	ffice so	ught			Office	hel	d	
	expenditure to benefit C/OI	н													
	Date		Payee name												
	11/07/2024		Go Creative	Grou	ıp LLC										
	Amount (\$)		Payee addres	ss;	City;		State;	Zip C	ode						
	\$2,541.25		5511 Parkc	rest D	r Ste 103										
			Austin, TX 7	78731	-4917										
	PURPOSE	(a)	Category (Se	ee Cateo	ories listed at th	ne top of t	this sche	dule)	(b)	Description					
	OF EXPENDITURE		Advertising					,		Check if travel				lete Schedule T.	
	EXPENDITORE			-								, officeholder liv	/ing	expense	
										Digital Adver	rtisii	ng			
									<u> </u>						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cehold	er name		Ot	ffice so	ught			Office	hel	d	
	Date		Payee name												
	12/02/2024		Go Creative	Grou	ip LLC										
	Amount (\$)		Payee addre	ss;	City;	:	State;	Zip C	ode						
	\$2,541.25		5511 Parkc	rest D	r Ste 103										
			Austin, TX 7	78731	-4917										
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at th	ne top of t	this sche	dule)	(b)	Description					
	OF EXPENDITURE		Advertising							_				lete Schedule T.	
	LXI LINDITORL									_		, officeholder liv	/ing	expense	
										Digital Adver	TISII	ng			
	Operation ONE VALUE	Ļ)					re:						-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenold	er name		Of	ffice so	ught			Office	nel	a	
		-													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ıple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 21/37	Craddick, Christi L. (The Honorable)		00030098
4	Date	5 Payee name		-
	11/05/2024	Google Services		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$94.82	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043-1351		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Email and calendar services
0	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
9	expenditure to benefit C/OI		nι	Office field
	Data			
	Date	Payee name		
	12/05/2024	Google Services		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$99.78	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043-1351		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Email and calendar services
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	11/13/2024	HuMn Behavior, LLC		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$12,500.00	2310 Fountain Way		
		San Antonio, TX 78248-1936		
	PURPOSE		(b)	Description
	OF	Consulting Expense	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Data and Analytics
	0 1: 0			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held

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		contract Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/16 Rpt: 22/37	Craddick, Christi L. (The Honorable)	00030098
4 Date	5 Payee name	•
10/31/2024	Hutchens, Mia	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$461.75	1122 Colorado St Ste 102	
	Austin, TX 78701-2101	
8 PURPOSE		Description
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Campaign related business
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiditure to benefit C/O	7	
Date	Payee name	
11/27/2024	Hutchens, Mia	
Amount (\$)	Payee address; City; State; Zip Code	
\$115.44	1122 Colorado St Ste 102	
	Austin, TX 78701-2101	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
_		Check if Austin, TX, officeholder living expense
	'	ayıon
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		0.1100 1.1010
Date	Dayraa nama	
11/04/2024	Payee name Keel Systems	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,041.25	23812 Tres Coronas	
Ψ+,0+1.23	23012 1103 00101103	
	Spicewood, TX 78669-1631	
DUDDOOF		
PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Campaign Services	Check if Austin, TX, officeholder living expense
		Compliance software and services
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	1 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Event Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/16 Rpt: 23/37	Craddick, Christi L. (The Honorable)	00030098
4	Date	5 Payee name	
	11/01/2024	Lilly And Company	
6	Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code 1005 Congress Ave Ste 400 Austin, TX 78701-2469	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense ndraising retainer
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/20/2024	Lilly And Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25,000.00	1005 Congress Ave Ste 400	
		Austin, TX 78701-2469	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	scription
	EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			n Bonus
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/03/2024	Lilly And Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,500.00	1005 Congress Ave Ste 400	
	•	Austin, TX 78701-2469	
H	PURPOSE		scription
	OF	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fu	ndraising retainer
	Complete ONLY if direct expenditure to benefit C/OH	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 Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))
Sch: 13/16 Rpt: 24/37	Craddick, Christi L. (The Honorable) 00030098	
4 Date	5 Payee name	
11/11/2024	ReadyRefresh	
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office refreshments	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/11/2024	ReadyRefresh	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.64	6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950	
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 Office refreshments	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/19/2024	Senate Ladies Club	
Amount (\$) \$275.00	Payee address; City; State; Zip Code PO Box 12068	
	Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ticket for dinner event	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 14/16 Rpt: 25/37	2 FILER NAME Craddick, Christi L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00030098	
╙	· .		
4	Date	5 Payee name	
	10/28/2024	Spears, Teresa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$188.94	PO Box 540	
	Ψ200.01	TO BOX O TO	
		Cherokee Village, AR 72525-0540	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Teresa Spears mileage for various TX locations	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
H	Date	Payee name	_
		Payee name	
	10/28/2024	Spears, Teresa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$518.44	PO Box 540	
		Cherokee Village, AR 72525-0540	
L	PURPOSE	-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter it travel outside of Taylor Complete Categories	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Teresa Spears mileage for various TX locations	
		Toront openio militage for various 17/100alione	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	10/28/2024	Spears, Teresa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$872.34	PO Box 540	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
L		Cherokee Village, AR 72525-0540	
	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Teresa Spears mileage for various TX locations	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
Г			
ı			

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: 15/16 Rpt: 26/37	Craddick, Christi L. (The Honorable) 00030098						
4	Date	5 Payee name						
	11/17/2024	Spears, Teresa						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$5,000.00	PO Box 540						
		Cherokee Village, AR 72525-0540						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Outreach coordinator						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	11/27/2024	Spreen, Payton W. (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$246.58 1501 Northwood Rd							
		Austin, TX 78703-1943						
	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 Campaign related business						
		Campaign related business						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	12/30/2024	Spreen, Payton W. (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$184.70	1501 Northwood Rd						
		Austin, TX 78703-1943						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Campaign related business						
		Campaign related business						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 Comr	The Instruction Guide explains how to a	-	ete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 F				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/16 Rpt: 27/37		Craddick, Christi L. (The Honorable)				00030098	
4	Date	5 F	Payee name					
	11/01/2024	ι	J.S. Treasury					
6	Amount (\$)	7 F	Payee address; City; State; Zip C	ode				
	\$3,990.61	I	nternal Revenue Service					
		C	Ogden, UT 84201-0001					
8	PURPOSE OF	(a) (Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	5	Salaries/Wages/Contract Labor				le of Texas. Comp officeholder living	
					Federal tax w			expense
							·o·a…·g	
9	Complete ONLY if direct	Ca	andidate/Officeholder name Office so	<u> </u>			Office he	eld
	expenditure to benefit C/O			9				
_	Date	-	Payee name					
	12/02/2024		J.S. Treasury					
_	Amount (\$)		Payee address; City; State; Zip C	ode.				
	\$3,164.35		nternal Revenue Service	ouc				
	ψ3,104.33		nema Nevenue Service					
			Ogden, UT 84201-0001					
	PURPOSE	(a) (Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	5	Salaries/Wages/Contract Labor		\Box		le of Texas. Comp	
					Federal tax w		officeholder living	expense
					i cuciai tax w	10111	loluling	
_	Complete ONLY if direct	C	andidate/Officeholder name Office so	liaht			Office he	ald.
	expenditure to benefit C/OI		undidato, embendadi mame	agiit			Omoo no	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/10 Rpt: 28/37	Craddick, Christi L.	(The Honorable)		00030098		
4 CREDIT CARD ISSUER		ncial institution ase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$18.99	10/29/2024	12/11/2024 12/11/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	EFAX Services		6922 Hollywood Blvd Fl 5	5		
			Los Angeles, CA 90028-6	6125		
8 PURPOSE OF	(a) Category	of this schodule)	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		FAX Service			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 12/11/2024 12/11/2024	er Paid		
	\$110.57	10/30/2024	12/11/2024 12/11/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Spectrum		PO Box 60074			
			City Of Industry, CA 9171	6-0074		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Campaign telephone			
X Political		Lat Experies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$72.49	11/01/2024	12/11/2024 12/11/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			PO Box 7850			
	Intuit Payroll					
			Mountain View, CA 94039	9-7850		
PURPOSE OF	(a) Category	of this cohodule)	(b) Description			
EXPENDITURE	(See Categories listed at the top Salaries/Wages/Conti	•	Payroll services			
X Political		· 				
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if				ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)	
Sch: 2/10 Rpt: 29/37	Craddick, Christi L.	(The Honorable)			00030098			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$60.00	11/04/2024	12/11/202	24 12/11/2024				
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Tiff's Treats		1806 Nue					
				78701-1141				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript					
X Political	Gift/Awards/Memorial		Gifts for ca	ampaign vendor	S			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$89.79	11/04/2024	12/11/2024 12/11/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Randall's		PO Box 29	9093				
			Phoenix, A	AZ 85038-9093				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food and Drink for Watch Party					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.]	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' ' ' ' '	Credit Card Issuer	Paid			
	\$64.80	11/05/2024	12/11/202	24 12/11/2024				
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code	
			1 Microso	ft Way				
	Microsoft							
			Redmond	, WA 98052-830	00			
PURPOSE OF	(a) Category		(b) Descript	ion				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	*	Software					
X Political	Jinos Sverneau/Nein	LAPONOC						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct Candidate/Officeholder name Office sought					Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 3/10 Rpt: 30/37	Craddick, Christi L.	(The Honorable)			00030098					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$15.16	11/06/2024	12/11/202	4 12/11/2024						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Numberbarn		Po Box 3							
		() -			4 92074-0003						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
		Office Overhead/Rent		Office number upkeep							
	X Political				_						
Ļ	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct conditure to benefit C/OH	Candidate/Officeriolder	name Onice	Sought		Office field					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid					
		\$67.15	11/16/2024		4 12/11/2024						
	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code			
		WP Engine		60 29Th S		2139,		p			
		San Francisco, CA			isco. CA 94110	-4929					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ion						
	X Political	Office Overhead/Rent	tal Expense								
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$18.99	(b) Date of Charge 11/29/2024		Credit Card Issuer 4 12/11/2024	^r Paid					
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code			
		EFAX Services		6922 Holly	wood Blvd Fl 5						
		EFAX Services									
<u> </u>		(a) Oata wa			es, CA 90028-6	125					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
	X Political	Office Overhead/Rent	•	FAX Service							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)	
Sch: 4/10 Rpt: 31/37	Craddick, Christi L.	(The Honorable)			00030098			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid			
	\$110.57	11/30/2024	12/11/202	4 12/11/2024				
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Spectrum		PO Box 60					
				ustry, CA 9171	6-0074			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
X Political	Office Overhead/Rent		Campaign	telephone				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$66.09	(b) Date of Charge 12/01/2024		Credit Card Issuer 4 12/11/2024	r Paid			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Intuit Payroll		PO Box 78	350				
			Mountain \	/iew, CA 94039	9-7850			
PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Salaries/Wages/Conti		Payroll ser	vices				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$65.80	(b) Date of Charge 12/04/2024		Credit Card Issuer 4 12/11/2024	r Paid			
PAYEE	(a) Payee name	L	(b) Payee a	ddress;	City,	State,	Zip Code	
	Microsoft		1 Microsof	t Way				
			Redmond.	WA 98052-830	00			
PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Software					
X Political	- Onice Overneau/Rein	ш шхрепзе						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
•								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/10 Rpt: 32/37	Craddick, Christi L.	(The Honorable)			00030098		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$15.16	12/06/2024	12/11/202	4 12/11/2024			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Numberbarn		Po Box 3				
				92074-0003			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
X Political	Office Overhead/Rent		Office num	iber upkeep			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' '	Credit Card Issuer	Paid		
	\$14.00	12/11/2024	12/11/202	4 12/11/2024			
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	LAZ Parking Austin	ı	106 E 6th	St Ste 320			
			Austin, TX 78701-3652				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Parking for campaign meeting				
X Political	Travel In District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$73.00	12/12/2024	12/11/202	4 12/11/2024			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			3804 Peak	Lookout Dr			
	Austin Republican \	Women PAC					
			Austin, TX	78738-1725			
PURPOSE OF	(a) Category	of their coloradials)	(b) Description				
EXPENDITURE 	(See Categories listed at the top	or this schedule)	Political clu	ub membership			
X Political							
Non-Political					officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this	s form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 6/10 Rpt: 33/37	Craddick, Christi L.	(The Honorable)			00030098			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI [*]	UNITEMIZED TURES TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$252.75	(b) Date of Charge 12/13/2024		redit Card Issuer 12/11/2024	Paid			
7	PAYEE	(a) Payee name TFRW Convention	2024 PAC	(b) Payee ad 2113 Flat C	reek Dr	City,	State,	Zip Code	
L		() -		+	, TX 75080-23	31			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event fees	on				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$67.15	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer Paid 12/11/2024 12/11/2024					
	PAYEE	(a) Payee name	I	(b) Payee ad	dress;	City,	State,	Zip Code	
	WP Engine			60 29Th St	# 343				
L				San Francisco, CA 94110-4929					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description website hos					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Toncok ii Austini, 174,	Office held			
6	expenditure to benefit C/OH			.					
	PAYMENT	(a) Amount Charged \$1,567.43	(b) Date of Charge 12/17/2024		redit Card Issuer 12/11/2024	Paid			
	PAYEE (a) Payee name Reagan Dinner		(b) Payee address; City, State, Zig 8588 Katy Fwy Houston, TX 77024-1829			Zip Code			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense		of this schedule)	(b) Description Bronze sponsorship					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	name Office	e sought		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 7/10 Rpt: 34/37	Craddick, Christi L.	(The Honorable)		00030098							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$322.98	(b) Date of Charge 12/25/2024	(c) Date(s) Credit Card Issue 12/11/2024 12/11/2024	er Paid							
7 PAYEE	(a) Payee name American Airlines		(b) Payee address; 4255 Amon Carter Blvd	City,	State,	Zip Code					
	(a) Oatawari		Fort Worth, TX 76155-260	03							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Flight to Austin for GOP r	meetings							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$18.99	(b) Date of Charge 12/29/2024	(c) Date(s) Credit Card Issue 12/11/2024 12/11/2024	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	EFAX Services		6922 Hollywood Blvd Fl 5	i							
			Los Angeles, CA 90028-6	6125							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description FAX Service								
Non-Political	(a) Chaple if traval autoids	of Texas. Complete Schedule T.	Chapte if Austin TV	office belder living eve							
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	, officeholder living exp	ense						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$110.57	(b) Date of Charge 12/30/2024	(c) Date(s) Credit Card Issue 12/11/2024 12/11/2024	er Paid							
PAYEE (a) Payee name Spectrum		(b) Payee address; City, State, Z PO Box 60074 City Of Industry, CA 91716-0074			Zip Code						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Campaign telephone								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				ense						
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		,			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)			
Sch: 8/10 Rpt: 35/37	Craddick, Christi L.	(The Honorable)		00030098				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$1,155.75	12/11/2024 12/11/2024		r Paid				
7 PAYEE	(a) Payee name Lakeway Aviation		(b) Payee address; 13204 Country Trails Ln	City, State,	Zip Code			
0 BURDOOF 05	(a) Cataman		Austin, TX 78732-2079					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Flight to Midland					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 10/27/2024	(c) Date(s) Credit Card Issuer Paid 12/11/2024 12/11/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code			
	Texas Alliance for L	_ife	8000 Centre Park Dr Ste 380					
			Austin, TX 78754-5135					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Charity dontation					
Non-Political	—	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held				
PAYMENT	(a) Amount Charged \$132.36	(b) Date of Charge 10/27/2024	(c) Date(s) Credit Card Issuer 12/11/2024 12/11/2024	r Paid				
PAYEE (a) Payee name Million Air Austin		1	(b) Payee address; 4801 Emma Browning Ave Austin, TX 78719-3303	City, State, e	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Fuel for plane					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Officeriolder/Folitica	· ·	tion Guide explains how	to complete this f		TIER (enter a category	riiot iisteu at	ove)	
1 Total pages Schedule F4:	2 FILER NAME	-	-		3 Filer ID (Ethics Commission Filers)			
Sch: 9/10 Rpt: 36/37	Craddick, Christi L. (T	he Honorable)			00030098			
4 CREDIT CARD ISSUER	Name of financia see prev	al institution	5 TOTAL OF U EXPENDITU CHARGED CARD		\$			
6 PAYMENT	(a) Amount Charged (b) \$376.48	o) Date of Charge 10/27/2024	(c) Date(s) Cre 12/11/2024					
7 PAYEE	(a) Payee name Ranger Aviation		(b) Payee addr 8802 Hangar		City,	State,	Zip Code	
			San Angelo,	71				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of the Travel In District	nis schedule)	(b) Description Fuel for plane	9				
Non-Political	(C) Check if travel outside of T	exas. Complete Schedule T.		theck if Austin, TX, o	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name			sought		Office held			
PAYMENT	(a) Amount Charged (b) \$30.40	o) Date of Charge 10/27/2024	(c) Date(s) Cred 12/11/2024		Paid			
PAYEE			(b) Payee addr 1103 Rivery I		City,	State,	Zip Code	
			Georgetown,	TX 78628-30)55			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of the Food/Beverage Expense		(b) Description Meeting and meal at event					
Non-Political	(c) Check if travel outside of T	exas. Complete Schedule T.	По	theck if Austin, TX, o	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	nme Office	e sought		Office held			
PAYMENT	(a) Amount Charged (b) \$146.48	o) Date of Charge 10/27/2024	(c) Date(s) Cre 12/11/2024		Paid			
PAYEE	(a) Payee name Hertz		(b) Payee addr 7212 Cedar S		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Travel In District	his schedule)	Dallas, TX 75235-2810 (b) Description Local transportation for meeting					
X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T		<u> </u>	de a de la companya d	-#6b-14 " '				
	(c) Check if travel outside of T	exas. Complete Schedule T.	sought	леск іт Austin, ТХ, с	Office held	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider Ha	une Office	, sought		Onice Helu			
i								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Servi		nting Expense laries/Wages/Con to complete t	ntract Labor OT	avel Out of District FHER (enter a category	not listed al	bove)	
1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)		
Sch: 10/10 Rpt: 37/37	Craddick, Christi L. (The Honorable)				00030098	5 6011111150	5.01.1 110.0)	
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
6 PAYMENT	(a) Amount Charged \$106.36	(b) Date of Charge 10/27/2024	(c) Date(s) Credit Card Issuer 12/11/2024 12/11/2024		r Paid			
7 PAYEE	(a) Payee name Sheraton Austin Hotel		(b) Payee a 701 E 11		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	(b) Descrip	ntion Dard Lunch					
Non-Political	(*) L	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living expe	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		Office held					
PAYMENT	(a) Amount Charged \$5.41	10/28/2024 12/11/2024 12/11/2024			Paid			
PAYEE	(a) Payee name Doubletree Hotle Austin		(b) Payee a 6505 IH-3	35 North	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	(b) Description Parking at hotel						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought				Office held			