FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080011 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Tom Oliverson Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1 E. Greenway Plza., Ste 225 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77046 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Sherif NAME NICKNAME LAST **SUFFIX** Zaafran STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1 E. Greenway Plza., Ste. 225 STREET **ADDRESS** (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1 E. Greenway Plza., Ste. 225 MAILING **ADDRESS** Houston, TX 77046 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 526-3399 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED 10/27/2024 **THROUGH** 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Friends of Tom Oliverso	n		00080011		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Tom Oliverson			
(Attach lists on plain	Candidate				
paper to complete this report if necessary.)		OFFICE SOLICHT (condidate) / OFFICE HEL	D (officeholder)		
	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL State Representative	.D (diliceriolder)		
		State Representative			
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
OPPOSE			Month	Day	Year
(Candidate or Measure)					
X ASSIST	Measure				
(Officeholder)		DESCRIPTION			
15 CONTRIBUTION		TRIBUTIONS OF \$50 OR LESS (OTHER THAI	N PLEDGES,		
TOTALS	LOANS, OR GUARANTE ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$	\$0.00
	,				
	2. TOTAL POLITICAL C			s	\$122,550.00
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		ľ	¥===,000.00
EXPENDITURE	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES			
TOTALS				\$	\$0.00
	4 TOTAL BOLITICAL F	WDENDITUDES			
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$53,783.29
					, ,
CONTRIBUTION		TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		
BALANCE	REPORTING PERIOD			\$	\$490,512.21
OUTSTANDING	6 TOTAL DRINGIRAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF	THELACT		
OUTSTANDING LOAN TOTALS	DAY OF THE REPORTIN		THE LAST	\$	\$0.00
					75.55
16 AFFIDAVIT	•				
10 / (() 10 / (())		I swear, or affirm, under penalty of per			
		and correct and includes all informatio Title 15, Election Code.	n required to be	reported by i	me under
			rif Zaafran		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er	
Curara to and aubacribad	hafara ma bu tha gaid		hio tho		dov
		, t	nis the		day
of, 20, to certify which, witness my hand and seal of office.					
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	ar administor	ing oath
Signature of officer au	minotening oddi Filli	ted hame of officer duffillistering oath	THE OF OTHER	or aurillisiel	ing oddi

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			_	3 of 43		
17 COMMITTEE NAME Friends of Tom Oliverson		18 Filer ID 00080011	(Ethics Commissi	on Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL	AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	3		\$	122,550.00		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL C	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$			
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CO- ORGANIZATION	RPORATION OR LABO	R	\$			
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTI LABOR ORGANIZATION	ONS FROM CORPORA	TION OR	\$			
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPO	ORATION OR LABOR (ORGANIZATION	\$			
7. SCHEDULE E: LOANS			\$			
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLIT	ICAL CONTRIBUTIONS	5	\$	42,592.43		
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$			
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM PO	LITICAL CONTRIBUTION	DNS	\$			
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD)		\$	11,190.86		
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTI	ONS TO A BUSINESS (OF C/OH	\$			
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM PO	LITICAL CONTRIBUTION	DNS	\$			
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, A TO FILER	ND CONTRIBUTIONS F	RETURNED	\$			

	MONET	ARY POLITICAL CON	ITRIBUTION	NS 		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/43	
2	FILER NAME Friends of To	om Oliverson			3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77027					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/02/2024	Full name of contributor x ou Allstate Political Action Commit Contributor address; City; State; Zi		0040253)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Northbrook, IL 60062 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Timolpai occa	pation / oob title (oce mandetions)		Employer (See Matractions	')		
	Date 11/06/2024	American Property Casualty Ins Contributor address; City; State; Zi		n		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Chicago, IL 60631 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/13/2024	Associated Builders & Contract				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor ou Associated General Contractors Contributor address; City; State; Zi Austin, TX 78768)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			L				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/06/2024	5 Full name of contributor out-of-state PAC (ID#:_ BearbackerPAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
_	Deinsinal	Houston, TX 77056				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_Birdwell, Brad Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	cypress, TX 77429 pation / Job title (See Instructions)	Employer (See Instructions)		
	Contractor	,	GR Birdwell Const	,		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Boating Trades Association Of Metropolitan Hou Contributor address; City; State; Zip Code	uston, PAC		Amount of Contribution (\$)	\$250.00
		Houston, TX 77054				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Burns Bail Bonds Contributor address; City; State; Zip Code Houston, TX 77007)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Centerpoint Energy, Inc. Political Action Commit Contributor address; City; State; Zip Code Houston, TX 77210	tee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/13/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing! goog	Austin, TX 78701	D. Employer (Co.) Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Cy-Fair Republican Women Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00
	Principal occu	Houston, TX 77095 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Davila, David Contributor address; City; State; Zip Code Cypress, TX 77433			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701			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: 4/19 Rpt: 7/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/13/2024	 Full name of contributor	000211318)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing agg	Washington, DC 20044	• Employer (Coo Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)	Employer (See Instructions			
	CPA	pation / 300 title (See instructions)	Welcome Group)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner Llp Texas Campaign Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Fulton, Kevin Contributor address; City; State; Zip Code Houston, TX 77040			Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Fulton Law Group PLLC			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Germania Farm Mutual Political Action Committee Contributor address; City; State; Zip Code Brenham, TX 77834			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/06/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/30/2024	Full name of contributor			Amount of Contribution (\$)	\$3,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Health Care Service Corporation PAC-Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Chicago, IL 60601 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/30/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#: Heartplace PAC Contributor address; City; State; Zip Code Dallas, TX 75248			Amount of Contribution (\$)	\$3,000.00
	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: 6/19 Rpt: 9/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/13/2024	 Full name of contributor out-of-state PAC (ID#:_ Holland And Knight Texas PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75201				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ HomePAC Of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions)		
	•					
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Hoover Slovacek Llp Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77056				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ HosPAC-State Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Hotel PAC Of THLA Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/43	
2	FILER NAME Friends of To	om Oliverson			3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/10/2024	 Full name of contributor Houston Police Officers' L Contributor address; City; S 			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77007 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u>		
_	Date 12/02/2024	Full name of contributor Houston Police Retired O Contributor address; City; S Houston, TX 77219	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor Insuring Texas PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions	s)	Employer (See Instructions	i)		
	Date 12/13/2024	Full name of contributor JUST PAC Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
	Date 11/15/2024	Full name of contributor Khan, Faraz Contributor address; City; S Houston, TX 77024	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instructions	(5)	Employer (See Instructions Radpartners Houston	i)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/10/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
_		Eagle Pass, TX 78852				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Kuhl, P. John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77056 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Timolpai occa	pation 7 oob title (occ mondottons)	Employer (See Manacions	,		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ LeCompte, Todd Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Cypress, TX 77433				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions TNT Outsourcing, LLC)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, Llp Contributor address; City; State; Zip Code Austin, TX 78760)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Longbow Consulting Partners Llc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
•	Dringing Logg	Washington, DC 20004	0 Employer (See Instructions			
8	Рппсіраї осси	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Morin, Julie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77005				
	Director	ipation / Job title (See Instructions)	Employer (See Instructions) Daily Court Review)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Morin, Thomas Contributor address; City; State; Zip Code Houston, TX 77005)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President/Pu	upation / Job title (See Instructions) ublisher	Employer (See Instructions Daily Court Review)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ NABIP Texas PAC Contributor address; City; State; Zip Code Cranford, NJ 07016)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 11/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal annu	Austin, TX 78746	O Francis ou (Cas Instructions			
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#:_ National Assn. Of Mutual Insurance Companies Contributor address; City; State; Zip Code Indianapolis, IN 46268			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/02/2024	Full name of contributor	(200615096)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Tucker, GA 30084 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	· 					
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/30/2024	Full name of contributor X out-of-state PAC (ID#: COTSUMA AMERICA Pharmaceutical Inc. PAC Contributor address; City; State; Zip Code Rockville, MD 20850	C00553834)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/43	
2	FILER NAME Friends of To	om Oliverson			3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 10/30/2024	 Full name of contributor X Otsuka American Pharmaceu Contributor address; City; State;)	7	Amount of Contribution (\$)	\$500.00
_		Rockville, MD 20850					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 12/10/2024	Pfizer PAC Contributor address; City; State;	out-of-state PAC (ID#: <u>C</u>	00016683		Amount of Contribution (\$)	\$1,000.00
	Principal occu	New York, NY 10001 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/07/2024	Full name of contributor PharmPAC Contributor address; City; State; Austin, TX 78757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor Poinsett Pllc Contributor address; City; State; Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/02/2024	Political Action Committee Of	·······	nsurance Agents Of		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	;		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.		1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/43	
2	FILER NAME Friends of To	om Oliverson				3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/02/2024	5 Full name of contributor Rydman, John6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$1,500.00
_	Daine in all a con-	Houston, TX 77007		l <u>a</u> =				
8	Owner	pation / Job title (See Instruction	5)		mployer (See Instructions pec's	5)		
	Date 11/07/2024	Full name of contributor Safelite Group Inc. PAC Contributor address; City; S	x out-of-state PAC (ID#: C	C0052	6509)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Columbus, OH 43235 pation / Job title (See Instruction:	s)	F	mployer (See Instructions) 		
	T mioipai occa	pation 7 005 title (000 motivation	-)		mployer (ede mediaetierie	,		
	Date 12/13/2024	Full name of contributor Silva, MD, Zeke Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Driverinal con-	San Antonio, TX 78209	2		manla var (Caa Inatro atiana	<u></u>		
	Physician Physician	pation / Job title (See Instruction	5)		mployer (See Instructions outh Texas Radiology	•	oup	
	Date 12/13/2024	Full name of contributor Sledge Law Group Pllc Contributor address; City; S Austin, TX 78705)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)	E	mployer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor TALAPAC Contributor address; City; S Austin, TX 78759	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	E	mployer (See Instructions	5)		
				•				

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ TBA Bank PAC - State 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Talhi Life Insurance PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Tenaska Employees Texas PAC Contributor address; City; State; Zip Code Omaha, NE 68154			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texans For Reasonable Solutions PAC Contributor address; City; State; Zip Code Austin, TX 78741)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Ambulatory Surgery Center Society - PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 10/30/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association For Home Care And Hospice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Health Plans PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College Of Emergency Physicians PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code Austin, TX 78711)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 10/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Waco, TX 76702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID# Texas Farm Bureau Agfund Contributor address; City; State; Zip Code Waco, TX 76702	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Texas Leads PAC Contributor address; City; State; Zip Code	<u> </u>		Amount of Contribution (\$)	\$500.00
	Dringing! goog	Austin, TX 78767 pation / Job title (See Instructions)	Employer (Co.) Instructions	<u></u>		
	Fillicipal occu	pation / Job title (See mstructions)	Employer (See Instructions	·)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	÷)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID# Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705	<u>; </u>		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/43	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Friends of T	om Oliverson			00080011	
4	Date 10/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78705				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2024	Texas Psychological PAC				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/10/2024	Texas State Farm Agents PAC Contributor address; City; State; Zip Code				\$1,500.00
		Bee Cave, TX 78734				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2024	Texas Telephone Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	12/13/2024	The Beer Alliance Of Texas Political Action Com	nmittee			\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 11/07/2024	 Full name of contributor	000085316)	7	Amount of Contribution (\$)	\$500.00
_		Philadelphia, PA 19192				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ The Us Oncology Network PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_ Tshp PAC Contributor address; City; State; Zip Code Round Rock, TX 78665			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/21/2024	Full name of contributor X out-of-state PAC (ID#: CUSACS PAC Contributor address; City; State; Zip Code Canton, OH 44718	C00544957)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/43	
2	FILER NAME Friends of To	om Oliverson		3	Filer ID (Ethics Commission 00080011	on Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	Deinsinal	Houston, TX 77046	S. Faralana (Garalanta di			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/28/2024	Full name of contributor	C00493502)		Amount of Contribution (\$)	\$2,500.00
	Deinsinal assu	Rancho Cordova, CA 95670	Franks var (Caa katrustiana	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/07/2024	Full name of contributor X out-of-state PAC (ID#: \(\text{ValPAC For Responsible Government Political} \) Contributor address; City; State; Zip Code	Action Committee		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Bentonville, AR 72716 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Warner, Frederic Contributor address; City; State; Zip Code Houston, TX 77019			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/13/2024	Full name of contributor	nent Fund		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONETARY POLITIC	AL CONTRIBUTION	ONS	SCH	EDULE A1
	The Instruction Guide explain	s how to complete this	form.	1 Total pages Schedule Sch: 19/19 Rpt: 22/	
2	FILER NAME Friends of Tom Oliverson			3 Filer ID (Ethics Com 00080011	nmission Filers)
4	Date 12/04/2024 5 Full name of contribution Weltge MD, Arlo 6 Contributor address;	-)	7 Amount of Contributio	s250.00
	Bellaire, TX 77401				
8	Principal occupation / Job title (See Inst Physician	tructions)	9 Employer (See Instructions McGovern Medical School		
		out-of-state PAC (ID#: Vholesalers Of Texas PAC City; State; Zip Code		Amount of Contributio	n (\$) \$2,000.00
	Austin, TX 78701 Principal occupation / Job title (See Inst		Employer (See Instructions		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/9 Rpt: 23/43	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	11/04/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.78	PO Box 650448
		Dallas, TX 75265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
		Sampaigh Steak Sala Fayment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	12/04/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,148.75	PO Box 650448
	Ψ1,1 10.1 0	1 0 DOX 000 110
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Campaign Credit Card Payment
		Campaigh Cledit Cald Payment
_	Opening the ONLY if allowed	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/29/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.05	1340 Poydras St Ste 1770
		New Orleans, LA 70112
	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.
		Compaign Marchant Account Foos
		Campaign Merchant Account Fees
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)
	Sch: 2/9 Rpt: 24/43	Friends of Tom Oliverson 00080011	
4	Date	5 Payee name	
	10/31/2024	Anedot	
6	Amount (\$) \$4.20	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770	
		New Orleans, LA 70112	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/19/2024	Anedot	
	Amount (\$) \$19.80	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770	
		New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/26/2024	Anedot	
	Amount (\$) \$39.60	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770	
		New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 25/43	Friends of Tom Oliverson 00080011
4 Date	5 Payee name
12/06/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.05	1340 Poydras St Ste 1770
	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Campaign Merchant Account Fees
	Campaigh Welchant Account rees
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$8.10	1340 Poydras St Ste 1770
	New Orleans, LA 70112
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
	Campaign Merchant Account Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
12/17/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
	Payee address; City; State; Zip Code
\$78.60	1340 Poydras St Ste 1770
\$78.60	
\$78.60	
PURPOSE	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) (b) Description
	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
PURPOSE OF EXPENDITURE Complete ONLY if direct	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	1340 Poydras St Ste 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manage Calculula E4.	·	
1	Total pages Schedule F1: Sch: 4/9 Rpt: 26/43	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Tom Oliverson 00080011	
4	Date	5 Payee name	
	11/01/2024	Blakemore & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	1 E Greenway Plaza Ste 225	
		Houston TV 77046	
		Houston, TX 77046	
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.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Campaign Consutling Fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/06/2024	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,000.00	1 E Greenway Plaza Ste 225	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
		Houston, TX 77046	
	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.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Campaign Consutling Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Data	Davies warms	_
	Date	Payee name	
	12/01/2024	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1 E Greenway Plaza Ste 225	
		Houston, TX 77046	
		Tu.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Consutling Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
			$\overline{}$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of Di OTHER (enter a	strict a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/9 Rpt: 27/43			om Oliverson						00080011		
4	Date	5	Payee name									
	12/20/2024		Crownover,	Scott								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Cod	de					
	\$7,680.00		9612 Appal	achian Dr								
			Austin, TX 7	78759								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contract L	.abor			므			nplete Schedule T.	
								Campaign Co		, officeholder living ract Lahor	y expense	
								Jampaigii Cl	الماءر	. aut EUDUI		
9	Complete ONLY if direct	<u>_</u>	`andidate/Off:	ceholder name		Office soud	nh+			Office h		
9	expenditure to benefit C/OF		Januluale/UITI	ocholuel Hällle	C	ייויה 200(gril			Onice n	Ciu	
\vdash	Date	_	Doves :									
	Date 11/14/2024		Payee name	ıcational Found	ation							
_		<u> </u>					cl -					
	Amount (\$)		Payee addres		State;	; Zip Coo	ue					
	\$537.50 PO Box 1698											
L			Cypress, T	X 77410								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	ns/Donations M	ade By			_			nplete Schedule T.	
			Candidate/0	Officeholder/Po	ııtıcal Comm	nittee		Contribution	, IX,	, officeholder living	y expense	
								COMMINUMENT				
	Complete ONLY if direct	<u>_</u>	Candidate/Off:	ceholder name		Office soug	aht			Office h	 eld	
	expenditure to benefit C/OF		zanaraat o /UIII	Sometimanit	C	onioc suu(ອາເເ			Onice II		
	Date	_	Doves :									
	Date 12/20/2024		Payee name	raveon								
	12/20/2024	<u> </u>	Freeman, G									
	Amount (\$)		Payee addres	, ,,	State;	; Zip Coo	de					
	\$500.00		207 Fox Ru	n								
			Llano, TX 7	8643								
	PURPOSE	(a)	•	ee Categories listed at	•	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contract L	.abor						nplete Schedule T.	
								Campaign Co		, officeholder living ract Lahor	y expense	
								Campaign Cl	الماءر	. asi Eudul		
	Complete ONLY if direct	L_		ceholder name		Office soug	ght			Office h	eld	
	expenditure to benefit C/OF			23		50 50u(ar			Ooc 11		
_												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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	plete this	s form.	,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
	Sch: 6/9 Rpt: 28/43	Friends of Tom Oliverson		00080011	
4	Date	5 Payee name			
	11/04/2024	Handley, Grace			
6	Amount (\$)	7 Payee address; City; State; Zip Code	e		
	\$200.00	21820 E Yaupon Circle			
		Tomball, TX 77377			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		neck if travel outside of Texas. Complete Schedul	е Т.
			_	neck if Austin, TX, officeholder living expense	
			Can	paign contract Labor	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	at	Office held	
9	expenditure to benefit C/O		ιι	Office field	
_					
	Date	Payee name			
	12/01/2024	Handley, Grace			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$200.00	21820 E Yaupon Circle			
		Tomball, TX 77377			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Desc	•	
	EXPENDITURE	Salaries/Wages/Contract Labor		neck if travel outside of Texas. Complete Schedul neck if Austin, TX, officeholder living expense	e T.
				paign Contract Labor	
			-	pa.g., 00aut 2000.	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/O	9		Since Held	
	Dette				
	Date	Payee name			
	12/20/2024	Handley, Grace			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$2,800.00	21820 E Yaupon Circle			
		Tomball, TX 77377			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc	ription	
	OF EXPENDITURE	Salaries/Wages/Contract Labor		neck if travel outside of Texas. Complete Schedul	е Т.
	EXPENDITORE			neck if Austin, TX, officeholder living expense	
			Cam	paign Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	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 Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 7/9 Rpt: 29/43	Friends of Tom Oliverson 00080011					
4	Date	Payee name					
	11/11/2024	Raconteur Media Company					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,075.00	PO Box 26511					
		Austin, TX 78755					
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.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Campaign Digital Consulting					
_	0 1: 0.11.7.7.1.						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	12/09/2024	Raconteur Media Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,075.00	PO Box 26511					
		Austin, TX 78755					
	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.					
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense					
		Campaign Digital Consulting					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	<u> </u>						
	Date	Payee name					
	12/05/2024	Right Lists Of Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,250.00	1 E Greenway Plaza Ste 225					
		Houston, TX 77046					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Campaign Voter Lists					
		Campaign voter Lists					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

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

	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: 8/9 Rpt: 30/43	Friends of Tom Oliverson 00080011
4	Date	5 Payee name
	11/01/2024	Ryan Data And Research
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 202675
		Austin, TX 78720
8	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
		Campaign Research
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/06/2024	The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	110 E 9th St
		Austin, TX 78701
	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
		Campaign Fundraising Event Facilities
		g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2024	Wilson, Molly
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	5004 Delores Ave
	Ψ500.00	3004 Delotes Ave
		Austin, TX 78721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 9/9 Rpt: 31/43	Friends of Tom Oliverson 00080011	
4	Date	5 Payee name	
	12/01/2024	Wilson, Molly	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	5004 Delores Ave	
		Austin, TX 78721	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	
	12/20/2024	Wilson, Molly	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9,600.00	5004 Delores Ave	
		Austin, TX 78721	
	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 Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 1/12 Rpt: 32/43	Friends of Tom Oliv	verson			00080011			
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
		\$77.89	12/20/2024						
7	PAYEE	(a) Payee name Amazon		(b) Payee 410 Terr	y Ave N	City,	State,	Zip Code	
L		() 2 :		+	WA 98109				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	_			
	X Political	Office Overhead/Ren		Campaig	n Office Supplies	5			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuei	r Paid			
		\$1,082.50	12/10/2024						
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Capitol Gift Shop		1400 No	rth Congress Ave	•			
				Austin, T	X 78701				
	PURPOSE OF	(a) Category	-f.4h-i	(b) Description					
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constituent Gifts					
	X Political		. ,						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
		\$35.00	12/28/2024						
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Observa Tues Demode		12414 F	oxburo Dr				
		Cherry Tree Repub	olicans						
L					, TX 77065				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri					
1		Office Overhead/Ren		Campaig	Jii Dues				
1	X Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
\vdash	experiulture to beliefit C/OH								
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	ommissi	ion Filers)	
Sch: 2/12 Rpt: 33/43	Friends of Tom Oliv	verson		00080011			
4 CREDIT CARD ISSUER		ncial institution revious	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			
	\$466.26	11/27/2024					
7 PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Rd Ste 329		State,	Zip Code	
			Waltham, MA 02451-7357	7			
8 PURPOSE OF EXPENDITURE	(a) Category	of this cobodule)	(b) Description				
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Camapign Email Distrib			Camapign Email Distribut	ion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$500.00	12/14/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, S	State,	Zip Code	
	Creekwood Grill		12710 Telge Rd				
			Cypress, TX 77429				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign Staff Meeting				
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	,		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 12/17/2024	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, S	State,	Zip Code	
			8711 Hwy 6 North Suite 1	.20			
	Cy-Fair Chamber						
			Houston, TX 77095				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	· ·	Campaign Dues				
X Political	- Cinco Overnoud/Nem	LAPONOC					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	:		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The 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: 3/12 Rpt: 34/43	Friends of Tom Oliv	verson			00080011			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issuer	r Paid			
		\$3,125.31	12/12/2024						
7	PAYEE	(a) Payee name CyFair4Liberty PAC		(b) Payee at 20715 Ora	ddress; Inge Poppy Dr	City,	State,	Zip Code	
				Cypress, T					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descripti Contribution					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held			
Ľ	PAYMENT	(a) Amount Charged	(b) Data of Charge	(a) Data(a) (Cradit Card Issuer	r Doid			
	PAYMENT	(a) Amount Charged \$1,492.47	(b) Date of Charge 12/04/2024	(c) Date(s) (Credit Card Issuer	i Palu			
H	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Cy-Hope			ge Rd	•		·	
				Cypress, T	X 77429				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Descripti Contributio	on				
	X Political	Candidate/Officeholde	er/Political Committee						
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 10/27/2024	(c) Date(s) (12/04/202	Credit Card Issuer 4	r Paid			
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Dropbox			333 Brann	an St				
L				San Franc	isco, CA 94107				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Descripti Campaign	ion File Storage					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TY	officeholder living exp	nense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Carididate/Officeriolder/Folitica		ruction Guide explains how	•	THER (enter a category	not iisteu ai	Jove)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 4/12 Rpt: 35/43	Friends of Tom Oliv	/erson		00080011		,
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	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			
	\$12.78	11/27/2024				
7 PAYEE	(a) Payee name Dropbox		(b) Payee address; 333 Brannan St	City,	State,	Zip Code
	() 0 :		San Francisco, CA 94107			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign File Storage			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
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 Issuel	r Paid		
	\$12.78	12/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Dropbox		333 Brannan St			
			San Francisco, CA 94107	,		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
X Political	Office Overhead/Reni		Campaign File Storage			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$78.30	12/03/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HEB		2652 Lake Austin Blvd			
	HEB		Austin, TX 78703			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Description			
EXPENDITURE	Office Overhead/Ren		Campaign Office Supplies	6		
X Political		•				
Non-Political	(7)	of Texas. Complete Schedule T.	_	officeholder living exper	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
	Sch: 5/12 Rpt: 36/43	Friends of Tom Oliv	rerson			00080011			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$39.56	12/13/2024						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		HEB		Cypress	3Rd 646 S Main	Ave			
				San Anto	onio, TX 78204				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip					
	EXPENDITURE X Political	Office Overhead/Rent		Campaig	n Office Supplies	3			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$27.93	12/14/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		HEB		Cypress	3Rd 646 S Main	Ave			
				San Antonio, TX 78204					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Office Supplies					
	X Political		<u> </u>						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid			
		\$18.82	11/01/2024	12/04/20	24				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Hill Country Springs	3	10019 lh	35 South				
		· ···· Coariary Opinings	•	Augita T	V 70747 1765				
-	PURPOSE OF	(a) Category		(b) Descrip	X 78747-1765				
	EXPENDITURE	(See Categories listed at the top		` ′ .	Office Water				
	X Political	Office Overhead/Rent	al Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Cor	mmission Filers)		
Sch: 6/12 Rpt: 37/43	Friends of Tom Oliv	verson .		00080011			
4 CREDIT CARD ISSUER		ncial institution revious	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			
	\$44.81	12/02/2024					
7 PAYEE	(a) Payee name Hill Country Springs	5	(b) Payee address; 10019 Ih 35 South	City, Sta	ate, Zip Code		
			Ausitn, TX 78747-1765				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Office Overhead/Rent		Capitol Office Water				
X Political		•					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$25.89	12/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code		
	Hobby Lobby		27706 State Hwy 249				
			Tomball, TX 77375-6472				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constituent Gi	fts			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$42.15	(b) Date of Charge 12/14/2024	(c) Date(s) Credit Card Issue	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code		
	(a) r ayou namo		905 West Main St	Oity, Oit	2.p code		
	HTeaO		Joo West Main St				
			Tomball, TX 77375				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	· ·	Campaign Staff Meeting				
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	-		-	THER (enter a category	not listed ab	oove)
		ruction Guide explains how	to complete this form.	T		
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
Sch: 7/12 Rpt: 38/43	Friends of Tom Oliverson			00080011		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$		
	·		CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$730.69	12/09/2024				
	\$730.09	12/09/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
17.1.22	(a) Fayee name			City,	State,	Zip Code
	Infiniti Engravings		15434 Hickory DI St			
	() 0 :		Cypress, TX 77429-4990			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Gift/Awards/Memorial		Campaign Constituent Gifts			
X Political		•				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$39.53	12/07/2024				
	Ψ33.33	12/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) · ayee ··a···e		1306 West Oltorf St Ste C		Otato,	p
	Loro		1300 West Oilon St Ste C	,		
			Austin, TX 78704-5550			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Staff Meeting			
V Political	Food/Beverage Expe	nse				
X Political			<u> </u>			
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living exper	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$447.00	11/20/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			155 5Th St 7			
	NCOIL					
			San Francisco, CA 94103	-2919		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign Event Tickets			
X Political	Event Expense					
Non-Political	(-) 🗆 a		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
				Office hold	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sougni	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 8/12 Rpt: 39/43	Friends of Tom Oliv			00080011			
4 CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
	\$95.91	12/06/2024					
7 PAYEE	(a) Payee name NYFifth.com		44790 South Grimmer Blvd Suite 204		State,	Zip Code	
	(a) Catamani			CA 94538			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip Campaig	n Logoed Promo	tional Items		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$735.67	(b) Date of Charge 11/18/2024	(c) Date(s)	Credit Card Issuer	[*] Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	RTIC		20702 He	empstead Rd Sui	te 110		
				TX 77065			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip Campaig	n Constituent Gif	its		
Non-Political	(a) Chook if traval autoida	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living eve	onco	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	Crieck if Austin, 1X,	officeholder living exp	erise	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
	\$73.56	11/21/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	RTIC		20702 He	empstead Rd Sui	te 110		
	KIIC		Houston,	TX 77065			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Campaign Constituent Gifts				
X Political	Jilly Walds/Welliollal	o Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	chedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 9/12 Rpt: 40/43	Friends of Tom Oliverson			00080011				
4 CREDIT CARD ISSUER		ncial institution revious	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				
	\$35.18	11/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address; 225 Varick St Fl 12	City,	State,	Zip Code		
	Squarespace		220 Varion Stri 22					
			New York, NY 10014					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Campaign Website					
X Political	Office Overhead/Rent	iai Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$20.00	11/27/2024						
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Squarespace		225 Varick St Fl 12					
			New York, NY 10014					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Website					
X Political	Office Overflead/Refin	iai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$35.18	12/12/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
	_		225 Varick St FI 12					
	Squarespace							
			New York, NY 10014					
PURPOSE OF	(a) Category	of this cabadula)	(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Website					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought						
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 10/12 Rpt: 41/43	Friends of Tom Oliv			00080011				
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$637.00	12/02/2024						
7	PAYEE	(a) Payee name (b) Payee address; Texas State Society PO Box 1283		City,	State,	Zip Code			
				1	ia, VA 22313				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this sobodule)	(b) Descrip					
	EXPENDITURE	Contributions/Donatio	· · · · · · · · · · · · · · · · · · ·	Contribut	tion				
	X Political	Candidate/Officeholde							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH		T	143 - 43					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$25.62	12/19/2024						
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Texas Values Action		1005 Coi	ngress Ave Ste 8	30			
			Austin, T	X 78701					
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Campaign Event Tickets					
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$238.30	12/16/2024						
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		The UPS Store		1108 Lav	aca St Ste 110				
1				Austin, T	X 78701				
Г	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign Shipping					
	X Political	Office Overnead/Rental Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	-	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
		<u> </u>	<u> </u>		<u> </u>				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 11/12 Rpt: 42/43	Friends of Tom Oliverson			00080011				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$16.28	11/21/2024						
7 PAYEE	(a) Payee name Towne Park		(b) Payee address; 23808 Resort Pkwy	City, Sta	te, Zip Code			
			San Antonio, TX 78261					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense	•	Campaign Staff Parking					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	⁻ Paid				
	\$13.96	11/24/2024						
PAYEE (a) Payee name			(b) Payee address;	City, Sta	te, Zip Code			
	Uber		1455 Market St 400 -					
			San Francisco, CA 94103					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	*	(b) Description Campaign Staff Ground Transportation					
X Political	Transportation Equipr Expense	ment And Related						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$20.25	(b) Date of Charge 12/10/2024	(c) Date(s) Credit Card Issuer	[·] Paid				
PAYEE	(a) Payee name USPS		(b) Payee address; 122 North Holderrieth Blvd Tomball, TX 77375	City, Sta	te, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Postage					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought			Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica				THER (enter a category not listed above)			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
· ·				3 Filer ID (Ethics Commission Filers)			
Sch: 12/12 Rpt: 43/43	Friends of Tom Oliv		T	00080011			
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	 ¢			
ISSUER	see pr	revious	CHARGED TO A CREDIT	ľ			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	: Paid			
	\$810.48	11/26/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de		
			420 West Market St	420 West Market St			
	Westin Riverwalk						
			San Antonio, TX 78205-29	920			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Campaign Staff Lodging T	o Attend NCOIL			
X Political	Food/beverage Exper	iise					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$81.02	11/07/2024	12/04/2024				
	Ψ01.02	11/0//2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co			
			1455 Market St 4Th Fl	, , , , , , , , , , , , , , , , , , , ,			
Uber							
			Ubereats.Com, CA 94103				
PURPOSE OF	(a) Category		(b) Description Campaign Staff Ground Transportation				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper						
X Political	Podu/Beverage Exper	1150					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							