CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00042130		 Total pages filed 37 	:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	
OFFICEHOLDER	The Honorable	Donna S.				
NAME		Donna 3.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	NICKNAWE			SUFFIX	01/10/2020	
		Howard				
4 CANDIDATE /	ADDRESS / PO BOX; AF	T / SUITE #: CI	Y:	ZIP CODE	Date Hand-delivered or Da	ate Postmarked
OFFICEHOLDER	P.O. Box 5375					
MAILING	1.0. Dox 3375				Receipt #	Amount
ADDRESS						
Change of Address	Austin, TX 78763				Data Drawand	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Donna				
NAME	-					
	NICKNAME	LAST		SUFFIX		
		Howard				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE):	AP	T / SUITE #; CITY;	STATI	E; ZIP CODE
TREASURER	P.O. Box 5375	0 0 0 0 1 1 2 1 0 2 ,,		.,	0.711	_,
ADDRESS	F.O. BOX 3375					
(Residence or Business)						
	Austin, TX 78763					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER	(737) 231-0062					
PHONE	(, ==================================					
8 REPORT						
TYPE	X January 15	30th day before		Runoff	15th day after camp	aign traggurar
	X January 15			Kulloli	appointment (officeh	
	July 15	8th day before	election	Exceeded modified	Final Report (Attach	C/OH-FR)
				reporting limit] , ,	,
9 PERIOD	Manth Day Vaa			Month Day	Veer	
9 PERIOD COVERED	Month Day Year			Month Day	Year	
OOVERLED	10/27/2024	11	HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
			Conorol			
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	strict 48		State Representa	ative District 48	
		GO -	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Version	V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 37

13 C / OH NAME	Howard, Donna S. (T	he Honorable)	14 Filer ID (00042130	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 65,675.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 23,891.51
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 176,107.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Donna S. Howa	ırd
		Signature of	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 37 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Howard, Donna S. (The Honorable) 00042130 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 65,675.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 23,891.51 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to complet	te this fo	rm.	1	Total pages Schedule A1:	
	FILER NAME				2	Sch: 1/15 Rpt: 4/37 Filer ID (Ethics Commissio	
		nna S. (The Honorable)			3	00042130	JI FILEIS
		5 Full name of contributor out-of-state F	 PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	ABBVIE PAC Multi Candidate Committee				• •	\$1,500.00
		6 Contributor address; City; State; Zip Code					
		Chicago, IL 60064	E				
8	Principal occu	upation / Job title (See Instructions)	9	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	12/02/2024	AT&T Texas PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
	Dringing occ	Austin, TX 78701 upation / Job title (See Instructions)	r	Employer (See Instructions)			
	Ρπιτιμαι υττα			Employer (See Instructions))		
	Date	Full name of contributor out-of-state F	PAC (ID#:)	_	Amount of Contribution (\$)	
	12/11/2024	Abbott Laboratories Employee PAC					\$500.00
		Contributor address; City; State; Zip Code					
<u> </u>	Dringingloog	Abbott Park, IL 60064		Everlaver (Cool potructions	Ļ		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
_	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	Ancira Strategic Partners, LLP					\$750.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
┝─	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
		· · · ·		· · ·			
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	BPA PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
<u> </u>	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
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			1 Total pages Schedule A1:	
The Instruc	ction Guide explains how to complete this fo	orm	Sch: 2/15 Rpt: 5/37	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Howard, Dor	nna S. (The Honorable)		00042130	
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/12/2024	Bing, Hague Ollison & Eric			\$500.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77056			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/30/2024	Bishop, Ann			\$250.00
	Contributor address, City, State, Zip Code			
	Austin, TX 78746			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Executive Di	rector	TPEA		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/11/2024	Career Colleges & Schools of Texas PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin TV 70791			
Drizeinal agou	Austin, TX 78731			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/13/2024	Charter Communications, Inc Texas PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/13/2024	Comcast Corporation & NBC Universal PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Philadelphia, PA 19103			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Howard, Dor	nna S. (The Honorable)			00042130	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/28/2024	Crozier, Mary Genevieve				\$500.00
	I	6 Contributor address; City; State; Zip Code	Ţ			
		Austin, TX 78703				
8			9 Employer (See Instructions	;)		
	Not Employe	ed	None			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Delisi Communications PAC				\$250.00
	1	Contributor address; City; State; Zip Code		1		
	Dringingl oog	Austin, TX 78701	Employer (See Instruction			
	Principai occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
=	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Friends of the TTU System PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79409				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
_	Date	Full name of contributor out-of-state PAC (ID#:))	Γ	Amount of Contribution (\$)	
	12/10/2024	Friends of the University PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
		Austin, TX 78763				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
	•			,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	General Motors Company PAC				\$1,000.00
		Contributor address; City; State; Zip Code	······	1		
		Washington, DC 20001				
_	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	r moipa ooca			<i>'</i>		

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/37	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Howard, Dor	nna S. (The Honorable)		00042130	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	12/11/2024	Gregory, Bob			\$500.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78747			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	CEO		Texas Disposal Systems	s Inc.	
	Date	· —)	Amount of Contribution (\$)	
	10/30/2024	Gullickson, Douglas			\$50.00
		Contributor address; City; State; Zip Code			
L	<u> </u>	Austin, TX 78701			
		ipation / Job title (See Instructions)	Employer (See Instructions	;)	
	Retired		None		
	Date)	Amount of Contribution (\$)	
	11/30/2024	Gullickson, Douglas			\$50.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701		-	
		ipation / Job title (See Instructions)	Employer (See Instructions)	
	Retired		None		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/12/2024	HCA Texas Good Government Fund			\$500.00
		Contributor address; City; State; Zip Code			
⊢	Duto street ever	Dallas, TX 75240		<u> </u>	
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	.)	
L					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	·
	10/29/2024	HOSPAC - State			\$5,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Bringinal occi	1	Employor (See Instructions		
	Ρπιτιμαί στου	ipation / Job title (See Instructions)	Employer (See Instructions)	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/37	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Howard, Dor	nna S. (The Honorable)			00042130	
4		5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/19/2024	Hawkins, John and Camille				\$250.00
	I	6 Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78703				
8	Principal occu President	pation / Job title (See Instructions)	9 Employer (See Instructions) Texas Hospital Associat		1	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/24/2024	Heinen, Hubert				\$50.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		1				
		Austin, TX 78731]			
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Not Employe		None	=		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Holland and Knight Texas PAC				\$250.00
		Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ال</u>		
				'' 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/28/2024	Hughes, Michelle				\$25.00
	1	Contributor address; City; State; Zip Code		1		
		1				
		Austin TV 70702				
⊢	Bringinal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employor (See Instructions	<u> </u>		
	Not Employe		Employer (See Instructions)	5)		
╞				Γ	Amount of Contribution (¢)	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: IATSE Local 484 PAC Fund)		Amount of Contribution (\$)	\$750.00
	12/10/2024			-		ΦΙ 30.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78741				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	上 3)		
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	The Instru	ction Guide explains how to complete this fo	ərm.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		nna S. (The Honorable)			00042130	<u> </u>
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/12/2024	Jackson Walker LLP PAC				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		1				
		1				
		Dallas, TX 75201]			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/11/2024	Junior and Community College PAC	/			\$1,000.00
	1411440					Ψ1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ;)		
	·			,		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/19/2024	Kickapoo Traditional Tribe of Texas Operating Ad	ccount			\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Eagle Pass, TX 78852				
_	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Linebarger Goggan Blair & Sampson, LLP				\$2,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78760				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	Longbow Consulting Partners LLC				\$350.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Drincinal Occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ار</u>		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/37	
2	FILER NAME			2	Filer ID (Ethics Commissio	n Filers)
ľ		nna S. (The Honorable)			00042130	, in the is j
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/29/2024	Lulu Flores Campaign				\$300.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78704				
8	Principal occu		9 Employer (See Instructions	<u> </u> ວ		
Ľ				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Manufacturers PAC of Texas				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78711				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/22/2024	Maxim Healthcare Services, Inc, PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Columbia, MD 21046				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Moak Casey PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	National Association of Benefits and Insurance F	Professionals Texas PAC			\$500.00
		Contributor address; City; State; Zip Code				
		Cranford, NJ 07016				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		nna S. (The Honorable)		ľ	00042130	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/02/2024	Oncor Texas PAC of Oncor Electric Delivery Ad				\$2,500.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75202	<u> </u>	Ļ		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/12/2024	Organon & Co. Employee PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Pfizer PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		New York, NY 10001				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/13/2024	Rasti, Kelly				\$200.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78256				
	•	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Education		TASB			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Red Rock Texas PAC				\$750.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
4						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/37	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Howard, Dor	nna S. (The Honorable)			00042130	
4		5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	Salas-Porras, Ana Luisa				\$100.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78756				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	ed	None			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Sledgelaw Group PLLC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Auctin TV 70766				
⊢	Principal occu	Austin, TX 78766 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Г шора осса			<i>י</i> י		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Southern Glazer's PAC of Texas				\$500.00
		Contributor address; City; State; Zip Code		1		
	Duite site al. a sat	Austin, TX 78701		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	12/11/2024	TAMFT Family PAC	/		Allount of contribution (+)	\$500.00
		Contributor address; City; State; Zip Code		ł		
L		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/03/2024	TBA Bank PAC - State			Allount of Contribution (*)	\$1,000.00
		Contributor address; City; State; Zip Code		{		• •
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/37	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	- nna S. (The Honorable)		00042130	11 110.07
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/22/2024				\$500.00
	6 Contributor address; City; State; Zip Code			
	Omaha, NE 68154			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date)	Amount of Contribution (\$)	
11/22/2024	Tenet Healthcare Corporation PAC			\$500.00
	Contributor address; City; State; Zip Code			
D in single and	Dallas, TX 75254		、	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+=
12/13/2024	Texans for Reasonable Solutions PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78741			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/13/2024	Texas AFL-CIO State COPE Fund			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78711			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	·)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/13/2024	Texas Ambulatory Surgery Center Society PAC			\$500.00
	Contributor address; City; State; Zip Code			
Driv single easy	Austin, TX 78701		、	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	,)	

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	The Instru	ction Guide explains how	v to complete this f	orm.		Total pages Schedule A1: Sch: 11/15 Rpt: 14/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Howard, Dor	nna S. (The Honorable)				00042130	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/11/2024	Texas Assisted Living Ass					\$1,000.00
	I	6 Contributor address; City; St					
	I						
	I						
		Austin, TX 78759					
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/29/2024	Texas Association for Hor					\$5,000.00
	I	Contributor address; City; St	State; Zip Code				
	I						
	I						
		Austin, TX 78759					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
	Date	Full name of contributor)	Γ	Amount of Contribution (\$)		
	12/11/2024	Texas Association of Nurs	se Anesthetists				\$2,500.00
	I	Contributor address; City; St	tate; Zip Code				
	I						
	I						
∟		Austin, TX 78701			Ļ		
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
-		1		<u> </u>	—		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	*1 000 00
	12/11/2024	Texas Association of Prop		S			\$1,000.00
	I	Contributor address; City; St	tate; Zip Code				
	I						
	I	Helotes, TX 78023					
<u> </u>	Principal occu	upation / Job title (See Instructions	c)	Employer (See Instructions	<u>ר</u>		
	T moipa over		"		9		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	Date 11/12/2024	Texas Dairymen PAC)			\$500.00
	Contributor address; City; State; Zip Code						Ψ300.00
	I						
	I						
	I	Austin, TX 78711					
<u> </u>	Principal occu	Jupation / Job title (See Instructions	s)	Employer (See Instructions	<u>ا</u> چ)		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/37	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	nna S. (The Honorable)		00042130	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/22/2024	Texas Dental Association PAC Contribution Acc			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	-			
	Austin, TX 78704			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
12/12/2024	Texas Independent Automobile Dealers Associa			\$500.00
	Contributor address; City; State; Zip Code			
Dringing oog	Austin, TX 78750			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
D-4-		<u> </u>	to a state of Operate is the time (Φ)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	<u>ቀ</u> 1 <u>000 00</u>
12/11/2024	Texas McDonald's Operators Association PAC,	INC		\$1,000.00
	Contributor address; City; State; Zip Code			
	Athens, TX 75751			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/12/2024	Texas Medical Association PAC		I	\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/12/2024	Texas Nurse Practitioners PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin TV 7072E			
Dringing Loop	Austin, TX 78735			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/15 Rpt: 16/37 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Howard, Donna S. (The Honorable) 00042130 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 **Texas Podiatric Medical Association PAC** \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$500.00 Texas State Association of Fire Fighters Action Committee Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/10/2024 Texas Trial Lawyers Association PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/12/2024 The Cigna Group Employee PAC \$750.00 Contributor address; City; State; Zip Code Philadelphia, PA 19192 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/11/2024 \$1,000.00 The Texas State University System PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		nna S. (The Honorable)			00042130	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/11/2024	The US Oncology Network PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		The Woodlands, TX 77380				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Trevino, Victoria				\$50.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78756				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	UCB, Inc. PAC				\$250.00
		Contributor address; City; State; Zip Code				
		1				
		Sausalito, CA 94965				
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
	T morpow 2222			''		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/11/2024	UnitedHealth Group PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Washington, DC 20004				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Vistra Employee PAC of Vistra Corp.				\$1,500.00
		Contributor address; City; State; Zip Code				
		1				
		Irving, TX 75039				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/15 Rpt: 18/37 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Howard, Donna S. (The Honorable) 00042130 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 10/29/2024 \$500.00 Zachry Corporation PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78265 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 12/13/2024 \$1,000.00 Zeneca Inc. PAC Contributor address; City; State; Zip Code Wilmington, DE 19850 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)			
1	Sch: 1/19 Rpt: 19/37	2	Howard, Donna S. (The Honorable)			J	00042130			
4	Date	5	Payee name							
	12/16/2024		Canva							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$12.95		75 E Santa Clara St.							
			San Jose, CA 95113							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description					
Ũ	OF	(~)	Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		onice overnead/vental Expense				, officeholder living expense			
					Graphic Desi	gn	Subscription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	11/15/2024		Canva							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$12.95		75 E Santa Clara St.	, zip co						
	ψ12.95		75 E Santa Clara St.							
			San Jose, CA 95113							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense Subscription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	12/17/2024		Cupero, Samantha							
-	Amount (\$)	-	Payee address; City; State;	; Zip Co	de					
	\$1,000.00		12833 Withers Way							
	+=,000.00									
			Austin, TX 78727							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	nht		Office held			
	expenditure to benefit C/OI			500 SUU	gin					
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	Overhea Expens Expen s/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	3 Filer ID (Ethics Commissi						
	Sch: 2/19 Rpt: 20/37		Howard, Donna S. (The Honorable)				00042130			
4	Date 12/09/2024	5	Payee name Cupero, Samantha							
6	Amount (\$)	7	Payee address; City; State; Zip (Code						
•	\$2,025.00 12833 Withers Way Austin, TX 78727									
0	DUDDOCE			(b)						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ought			Office held			
	Date		Payee name							
	12/09/2024		Cupero, Samantha							
	Amount (\$)		Payee address; City; State; Zip (Code						
	\$2,025.00		12833 Withers Way Austin, TX 78727							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ought			Office held			
	Date		Payee name							
	12/12/2024		Dallas Morning News							
	Amount (\$) \$32.51		Payee address; City; State; Zip 0 1954 Commerce St	Code						
			Dallas, TX 75201	_						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense Scription			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ought			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · · ·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 3/19 Rpt: 21/37	2	Howard, Donna S. (The Honorable)				00042130			
4	Date	5	Payee name							
	11/12/2024		Dallas Morning News							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$32.51		1954 Commerce St							
			Dallas, TX 75201							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
-	OF		Office Overhead/Rental Expense	edule)	-	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	I, TX,	, officeholder living expense			
					Newspaper S	Sub	scription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	12/31/2024		Davis, Henry							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,700.00		2808 Kinney Oaks Ct							
	+_,									
			Austin, TX 78704							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense			
					Staff Pay	I, I.A.	, uncertoider hving expense			
					Stanr dy					
	Complete ONIL V if direct		Candidate/Officeholder name O)ffice sou	t		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			nice soui	JIIL		Office field			
_		1								
	Date		Payee name							
	12/18/2024		Davis, Henry							
	Amount (\$)			Zip Co	de					
	\$1,000.00		2808 Kinney Oaks Ct							
			Austin, TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF Salaries/M/ages/Contract Labor Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE					, TX	, officeholder living expense			
					Staff Pay					
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	jht		Office held			
	expenditure to benefit C/OI	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2								
T	Sch: 4/19 Rpt: 22/37	2	HOWARD, DONNA S. (The Honorable)				ى ا	Filer ID (Ethics Commission Filers) 00042130		
4	Date	5	Payee name							
	12/03/2024		Davis, Henry							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode					
	\$1,700.00		2808 Kinney Oaks Ct							
			Austin, TX 78704							
8	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense		
						Staff Pay				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	11/07/2024		Davis, Henry							
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode					
	\$1,700.00		2808 Kinney Oaks Ct	•						
			Austin, TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
						Staff Pay	, IX,	officeholder living expense		
						Stanray				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		
_	Data		D							
	Date 12/30/2024		Payee name De Luna Castro, Eva							
				a. 7in 0						
	Amount (\$)			e; Zip C	oue					
	\$650.00		8508 Spearman Drive							
			Austin, TX 78757		_					
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.		
						Check if Austin Staff Pay	, TX,	officeholder living expense		
						Junray				
	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office so	l Jaht			Office held		
	expenditure to benefit C/OF			51100 500	agin					

				EXPENDIT	JRE CATEGO	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction		Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related	
1	Total pages Schedule F1:	2		· · · · · · · · · · · · · · · · · · ·						(Ethics Commi	ssion Filers)	
-	Sch: 5/19 Rpt: 23/37			nna S. (The H	Honorable)					00042130		
4	Date	5	Payee name									
	12/30/2024		De Luna Ca	stro, Eva								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$1,000.00		8508 Spear	man Drive								
			Austin, TX 7	8757								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b)	Description				
				ges/Contract		icuaic)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								, TX,	officeholder living	expense	
								Staff Pay				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	Date		Payee name									
	12/02/2024		De Luna Ca	stro, Eva								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$650.00		8508 Spear	man Drive								
			Austin, TX 7	8757								
	PURPOSE OF EXPENDITURE	(a)		e Categories listed nead/Rental E	at the top of this sch Expense	nedule)				de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	Date		Payee name									
	11/07/2024		El Alma Caf	e y Cantina								
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$259.80			Springs Rd.	Oluio	, <u>Lip</u> 000	ao					
	\$200.00		1020 Bartor	opinigoria								
			Austin, TX 7	8704								
	PURPOSE OF	(a)			at the top of this sch	,	(b)	Description				
	EXPENDITURE			on Equipmen	t And Related	d				de of Texas. Com		
			Expense					Food for Offic		officeholder living	стрензе	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	pense Polling rials Expense Printin	epayment/Rein Dverhead/Renta Expense Expense s/Wages/Contra complete thi	al Expense act Labor	Travel in District Travel Out of Dist	uipment & Related Expense			
1	Total pages Schedule F1:	ILER NAME			3	Filer ID	(Ethics Commission Filers)			
	Sch: 6/19 Rpt: 24/37	loward, Donna S. (The	Honorable)			00042130				
4	Date	ayee name								
	11/20/2024	GNI Consulting LLC								
6	Amount (\$)	Payee address; City;	State; Zip	Code						
	\$400.00	P.O. Box 685008								
	Austin, TX 78768									
8	PURPOSE	Category (See Categories listed	at the top of this schedule)	(b) Des	cription					
	OF EXPENDITURE	Office Overhead/Rental	Expense			side of Texas. Comp				
	-				npliance Co	(, officeholder living	expense			
				Cui	inpliance Col	nsultant				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	e Office s	ought		Office he	ld			
	Date	Payee name								
	12/09/2024	Gannet Co, Inc.								
	Amount (\$)	Payee address; City;	State; Zip	Code						
	\$21.31	'950 Jones Branch Drive		Soue						
	Ψ21.31	550 Jones Branch Drive	-							
		/IcLean, VA 22107		1						
	PURPOSE OF	Category (See Categories listed		(b) Des	•	side of Texas. Comp	lete Schedule T.			
	EXPENDITURE	Salaries/Wages/Contrac	Labor			(, officeholder living				
				Nev	vspaper Sub	oscription				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office s	ought		Office he	ld			
	Date	ayee name								
	11/08/2024	Gannet Co, Inc.								
	Amount (\$)	Payee address; City;	State; Zip	Code						
	\$21.31	950 Jones Branch Drive								
		/IcLean, VA 22107								
	PURPOSE OF	Category (See Categories listed		(b) Des	•	ide of Tourse Orange	lete Ocheskile T			
	EXPENDITURE	Office Overhead/Rental	_xpense			side of Texas. Comp <, officeholder living				
					vspaper Sub					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office s	ought		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract	Expense Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	5						3	Filer ID (Ethics Commission Filers)	
1	Sch: 7/19 Rpt: 25/37	2	Howard, Donna S. (The Honorab	le)				3	00042130	
4	Date	5	Payee name							
	11/13/2024		HEB							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$238.11		6900 Brodie Ln.							
			Austin, TX 78745							
8	PURPOSE	(a)	Category (See Categories listed at the top of	thic coh	odulo)	(b) Descri	ntion			
-	OF		Office Overhead/Rental Expense		leuule)		•	outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE								officeholder living expense	
						Food	for Cap	itol	Office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office sou	Jht			Office held	
	Date		Payee name							
	12/03/2024		Hill Country Springs							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$8.82		10019 S Interstate 35 Frontage R	d.	•					
			5							
			Austin, TX 78747							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Descri	•			
	EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T. officeholder living expense	
									or Office	
							20			
	Complete ONLY if direct		andidate/Officeholder name		Office sou	ıht			Office held	
	expenditure to benefit C/OI					,				
_	Date	—	Payee name							_
	11/04/2024		Hill Country Springs							
	Amount (\$)			State	Zip Co	10				
	\$30.32		10019 S Interstate 35 Frontage R		, Zip Coi	le				
	φ30.32		10019 S Interstate 35 Frontage R	u.						
			Austin, TX 78747							
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Descri	ption			
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T.	
									officeholder living expense	
						Water	Deliver	ry to	or Office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht			Office held	
		•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 8/19 Rpt: 26/37	Howard, Donna S. (The Honorable)	00042130						
4	Date	5 Payee name							
	12/19/2024	Houston Chronicle							
6	6 Amount (\$) \$23.96 Amount (\$) 7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027								
8	PURPOSE	(a) Category (a construction (it) that is (it) the test (b) Description							
0	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense U bSCription						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/10/2024	Houston Chronicle							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$27.72	4747 Southwest Fwy Houston, TX 77027							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/21/2024	Houston Chronicle							
	Amount (\$) \$23.96	Payee address;City;State;Zip Code4747 Southwest Fwy							
		Houston, TX 77027							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Of Po bense Pr Sa	ffice Overhe olling Expen rinting Exper alaries/Wage	nse es/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:						2	Filer ID	(Ethics Commission Filers)	
-	Sch: 9/19 Rpt: 27/37		d, Donna S. (The Honoi	rable)				00042130		
4	Date 11/12/2024	Payee Houst	name on Chronicle							
6	Amount (\$)	Payee	address; City;	State; Z	ip Code					
	\$27.72 4747 Southwest Fwy Houston, TX 77027									
8	PURPOSE	a) Catego	ry (See Categories listed at the to	op of this schedul	e) (b)	Description				
	OF EXPENDITURE		oortation Equipment And				n, TX,	de of Texas. Comp officeholder living SCription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offic	ce sought			Office he	ld	
	Date	Payee	name							
	12/06/2024	Hyatt I	Regency							
	Amount (\$)	Payee	address; City;	State; Z	ip Code					
	\$50.21		arton Springs Rd. , TX 78704							
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to Overhead/Rental Exper		_{le)} (b)			de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offic	ce sought			Office he	ld	
	Date	Payee	name							
	11/12/2024	Lyft, Ir								
	Amount (\$)	Payee	address; City;	State; Z	zip Code					
	\$37.03	185 Be	erry St #5000							
		San F	ancisco, CA 94107							
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to Beverage Expense	op of this schedul	_{le)} (b)		n, TX,	de of Texas. Comp officeholder living NSPOrtation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offic	ce sought			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 10/19 Rpt: 28/37	Howard, Donna S. (The Honorable)	00042130						
4	Date 11/07/2024	5 Payee name Lyft, Inc							
6	Amount (\$) 7 Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if Austin, TX, officeholder living expense Officeholder Transportation Check if Austin, TX, officeholder living expense Officeholder Transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
10/29/2024 Lyft, Inc									
	Amount (\$)								
	\$44.23 185 Berry St #5000								
	DUDDOCE	San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense ransportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/06/2024	Paperless Post							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$53.29	115 Broadway							
		New York, NY 10006							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense VARE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Credit Card Payment The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2		•		•	3	Filer ID	(Ethics Commission Filers)
-	Sch: 11/19 Rpt: 29/37								(
4	Date 11/25/2024	5 Payee name Progress Texas							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$517.75 P.O. Box 162922								
			Austin, TX 78716						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Donation Image: Check if Austin, TX, officeholder living expense Donation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ht		Office he	łd
	Date		Payee name						
	12/17/2024		Quorum Report						
	Amount (\$) Payee address; City; State; Zip Code \$389.70 8407 S. 1st St. Austin, TX 78748								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		ı, TX,	de of Texas. Com officeholder living ON	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office he	eld
	Date		Payee name						
	12/27/2024		San Antonio Express News						
	Amount (\$) \$27.72		Payee address; City; P.O. Box 2171	State;	; Zip Coo	e			
			San Antonio, TX 78205						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		ı, ТХ,	de of Texas. Com officeholder living SCription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld

			EXP	ENDITURE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Award	erage Expense s/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/19 Rpt: 30/37		Howard, Donna S.	(The Honorable)				00042130	
4	Date 11/29/2024		Payee name San Antonio Expre	ss News					
6	6 Amount (\$) \$27.72 7 Payee address; City; State; Zip Code P.O. Box 2171 San Antonio, TX 78205								
 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 Newspaper Subscription 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	rname C	Office soug	ht		Office he	ld
	Date		Payee name						
	11/01/2024		San Antonio Expre	ss News					
	Amount (\$)Payee address;City;State; Zip Code\$27.72P.O. Box 2171								
			San Antonio, TX 78						
	PURPOSE OF EXPENDITURE		Category _{(See Categori} Office Overhead/Ro	es listed at the top of this sch ental Expense	edule)		ı, TX,	de of Texas. Comp officeholder living SCRIPTION	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	r name C	Office soug	ht		Office he	ld
	Date		Payee name						
	12/03/2024		Slack Technologies	s, LLC					
	Amount (\$) \$46.64		Payee address; C Salesforce Tower,	-	; Zip Cod	e			
			San Francisco, CA	94105					
	PURPOSE OF EXPENDITURE		Category _{(See Categori} Salaries/Wages/Co	es listed at the top of this sch Intract Labor	edule) (I, TX,	de of Texas. Comp officeholder living cing Subscrip	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	r name C	Office soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
		Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By- Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 13/19 Rpt: 31/37							
4	Date 11/04/2024	5 Payee name Slack Technologies, LLC						
6	Amount (\$) \$37.92 7 Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Video Conferencing Subscription							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/20/2024							
	\$1,500.00 P.O. Box 12453 Austin, TX 78711							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/13/2024	Texas Monthly						
	Amount (\$) \$18.00	Payee address;City;State;Zip CodeP.O. Box 1569						
		Austin, TX 78767						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense Dtion					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services	ense als Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursemer rhead/Rental Expense bense		Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	12					•	13	Filer ID	(Ethics Commission Filers)
-		 ²			· · · · ·			ľ		
	Sch: 14/19 Rpt: 32/37		Howard, Do	nna S. (The F	ionorable)				00042130	
4	Date	5	Payee name							
	11/19/2024		Texas Nucle	ar Alliance						
6	Amount (\$)	7	Payee addres	s; City;	Stato	; Zip Co	do			
ľ		ľ			State	, zip co	ue			
	\$310.00		401 W 15th	St.						
			Suite 870							
			Austin, TX 7	8701						
0	DUDDOCE	I	<u> </u>				(b) p : .:.			
8	PURPOSE OF	(a)		e Categories listed a	at the top of this sch	nedule)	(b) Description		ide of Tourse Oren	and the Option of the T
	EXPENDITURE		Fees						side of Texas. Com <, officeholder living	
										y expense
							Conference	e ree	5	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght		Office h	eld
	Date	Γ	Payee name							
	11/06/2024		The Driskill I	Hotel						
		┢			Chata	. 7:0 00				
Amount (\$) Payee address; City; State; Zip Code										
\$46.81 604 Brazos St.										
			Austin, TX 7	8701						
	DUDDOOF	-					(1-)			
	PURPOSE OF	(a)			at the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Office Overh	iead/Rental E	Expense				side of Texas. Com	
									K, officeholder living	
							Food for O Party	fficer	nolder during	g General Election Watch
							Faily			
	Complete ONLY if direct	0	Candidate/Offic	eholder name	(Office sou	ght		Office h	eld
	expenditure to benefit C/OI	Н								
-	Data	<u> </u>	Davia							
	Date		Payee name							
	12/26/2024		The New Yo	rk limes						
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de			
	\$21.28		620 Eighth A	Avenue						
			0							
			New York, N	IY 10018						
	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this sch	nedule)	(b) Description			
	OF			ead/Rental E		,		el out	side of Texas. Com	nplete Schedule T.
	EXPENDITURE		Childe Oven		spense		Check if Au	stin, TX	K, officeholder living	g expense
	Newspaper Subscription									
									~	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office soug	gnt		Office h	eia
	compenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 15/19 Rpt: 33/37	Howard, Donna S. (The Honorable)	00042130						
4	Date 12/26/2024	5 Payee name The New York Times							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018								
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 Newspaper Subscription									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/02/2024	The New York Times							
	Amount (\$) \$21.28	Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018							
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel ou 	tside of Texas. Complete Schedule T. X, officeholder living expense bscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/27/2024	The New York Times							
	Amount (\$) \$21.28	Payee address; City; State; Zip Code 620 Eighth Avenue							
		New York, NY 10018							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Ibscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Gifl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of Distri	ipment & Related Expense		
1	Total pages Schedule F1:	2			-		3	Filer ID ((Ethics Commission Filers)
-	Sch: 16/19 Rpt: 34/37								
4	Date 11/04/2024	5 Payee name The New York Times							
6	Amount (\$)			Zip Co	10				
Ŭ	\$21.28		620 Eighth Avenue	Zip 00					
	ΨΖΊ.ΖΟ								
			New York, NY 10018						
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Descrip				
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comple officeholder living e	
								scription	xpense
					newsp	Japer S	ub.	Scription	
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ubt			Office held	4
9	expenditure to benefit C/OF			JIIICE SOU	jiit			Onice her	1
	Date		Payee name						
	10/30/2024		The New York Times						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$21.28 620 Eighth Avenue								
	\$21.20								
			New York, NY 10018						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Descrip	otion			
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comple	
								officeholder living e	xpense
					newsp	baper S	ups	scription	
								0111	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int			Office held	
_	Date		Payee name						
	12/06/2024		The Rocket Science Group, LLC						
			•	710 00					
	Amount (\$)			Zip Co	le				
	\$57.56		675 Ponce De Leon Ave NE, Suite 500	0					
			Atlanta, GA 30308						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Descrip	otion			
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comple	
								officeholder living e	xpense
					Campa	aiyn Eñ	all	Vendor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int			Office held	נ
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	The Instruction Guide explains how to complete this form. FILER NAME	3 Filer ID (Ethics Commission Filers)						
-	Sch: 17/19 Rpt: 35/37	Howard, Donna S. (The Honorable)	00042130						
4	Date 11/06/2024	5 Payee name The Rocket Science Group, LLC							
6	Amount (\$) \$57.56 7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Email Vendor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/24/2024	The Texan							
	Amount (\$) Payee address; City; State; Zip Code \$90.00 1011 San Jacinto Blvd. Suite 315 Austin, TX 78701 Austin, TX 78701								
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ccription						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/01/2024	Washington Post							
	Amount (\$) Payee address; City; State; Zip Code \$127.92 1301 K St. NW								
		Washington, DC 20005							
	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 Newspaper Subscription								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
		Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Gifl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 18/19 Rpt: 36/37		Howard, Donna S. (The Honorab	le)				00042130	
4	Date 12/27/2024		Payee name Ylana Gonzalez, Kristen						
				<u> </u>	7. 0				
6	Amount (\$)		Payee address; City; 8004 Swindon Ln	State;	; Zip Co	de			
	\$1,525.00		8004 Swindon Lh						
			Austin, TX 78745						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					side of Texas. Complete Schedule T.	
						Staff Pay	I, TX	, officeholder living expense	
						Stall Fay			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held	
_	Date		Payee name						
	12/24/2024		Ylana Gonzalez, Kristen						
			-	Ctoto	· Zin Co	do			
	Amount (\$) Payee address; City; State; Zip Code								
	\$1,000.00		8004 Swindon Ln						
			Austin, TX 78745						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct		andidate/Officeholder name	0	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	12/04/2024		Ylana Gonzalez, Kristen						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$1,525.00		8004 Swindon Ln						
			Austin, TX 78745		i				
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b) Description	oute	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor					r, officeholder living expense	
	Complete ONLY if direct	- 0	andidate/Officeholder name	C	Office sou	ght		Office held	
	expenditure to benefit C/OI				,				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide explains ho	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 19/19 Rpt: 37/37								
4	Date 11/05/2024	5 Payee name 4 Ylana Gonzalez, Kristen							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,525.00 8004 Swindon Ln Austin, TX 78745								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Staff Pay								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	12/04/2024		Zoom Video Communications Inc.						
	Amount (\$) \$17.05		Payee address; City; State; 55 Almaden Blvd. 6th Floor San Jose, CA 95113	Zip Coo	e				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense cing Subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	11/04/2024		Zoom Video Communications Inc.						
	Amount (\$) \$17.05		Payee address; City; State; 55 Almaden Blvd. 6th Floor San Jose, CA 95113	Zip Coo	e				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense cing Subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		