CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00062108		2 Total pages filed: 97
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER	The Honorable	Armando L.			
NAME		/			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/10/2025
		Walle		Jr.	
					Date Hand delivered as Date Date side
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/SUITE #; CII	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	4826 Hollybrook Ln.				Descipt //
ADDRESS					Receipt # Amount
Change of Address	Houston, TX 77039				Data Data and
					Date Processed
					Detelanand
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER				IVII	
NAME	Ms.	Rose M.			
	NICKNAME	LAST		SUFFIX	
		Avalos			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2907 Travick Lane				
(Residence or Business)	Houston, TX 77073				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION		
TREASURER	(281) 814-7941				
PHONE					
8 REPORT					
TYPE	X January 15	30th day before	e election	Runoff	15th day after campaign treasurer
		_			appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	HROUGH	12/31/2024	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year		Primary	Runoff	Other
			General	Special	
			Scheral		
					(if the own)
11 OFFICE	OFFICE HELD (if any)	riot 140		12 OFFICE SOUGHT	
	State Representative Dist	nct 140		State Representa	auve District 140
		GO 1	TO PAGE 2		
<u> </u>				-	
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.us	5	Version V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

Walle Jr., Armando L. (The Honorable)

13 C / OH NAME

FORM C/OH **COVER SHEET PG 2** 2 of 97

(Ethics Commission Filers)

14 Filer ID

00062108

15 NOTICE FROM POLITICAL COMMITTEE(S)	eholder's l	s to support the knowledge or ch expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, EES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	125.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	146,872.49	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$	5,176.28	
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	93,909.75	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY RTING PERIOD	\$	0.00	
17 AFFIDAVIT		I swear, or affirm, under penalty of perjury, that the ac true and correct and includes all information required t under Title 15, Election Code.			
		The Honorable Armando L. Wall	e Jr.		
		Signature of Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid, this the ertify which, witness my hand and seal of office.		day	
Signature of offic	cer administering	Printed name of officer administering Title of office	r administ	ering oath	
Forms provided by Te	xas Ethics Commissior	n www.ethics.state.tx.us	Version '	V4.1.0.5dd2ace2	

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 97 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Walle Jr., Armando L. (The Honorable) 00062108 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 145,456.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 1,416.49 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 93,909.75 \$ 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 compl	ete this form.	1 Total pages Schedule A1: Sch: 1/39 Rpt: 4/97
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Walle Jr., Ar	mando L. (The Honorable)		00062108
4 Date	5 Full name of contributor out-of-stat	te PAC (ID#:)	7 Amount of Contribution (\$)
12/10/2024	512 Strategies LLC		\$500.
	6 Contributor address; City; State; Zip Code	e	
	Austin, TX 78701		\
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	IS)
Date	Full name of contributor X out-of-stat	te PAC (ID#: C00011114)	Amount of Contribution (\$)
12/11/2024	AFSCME		\$2,500.
	Contributor address; City; State; Zip Code	e	
Dringing oog	Atlanta, GA 30349	Employer (Coo Instruction	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	IS)
Data			Amount of Constribution (ft)
Date		te PAC (ID#:)	Amount of Contribution (\$)
10/10/2024	AGC of Texas PAC		\$2,000.0
	Contributor address; City; State; Zip Code	8	
	Austin, TX 78768		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)
Date	Full name of contributor 🛛 out-of-stat	te PAC (ID#:)	Amount of Contribution (\$)
10/10/2024	AT&T Texas PAC		\$2,000.
	Contributor address; City; State; Zip Code	e	
	Avetin TV 70701		
Drincinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	
ΡΠισμαί στου			(5)
Date	Full name of contributor Out-of-stat		Amount of Contribution (\$)
10/17/2024	Adame, Miguel		\$1,000.0
	Contributor address; City; State; Zip Code	e	
	Houston, TX 77009		
-	pation / Job title (See Instructions)	Employer (See Instructions	is)
Attorney		Adame Garza LLP	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/39 Rpt: 5/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		mando L. (The Honorable)			00062108	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/19/2024	Allen Boone Humphries Robinson LLP				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		1				
_		Houston, TX 77027				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	00089136)		Amount of Contribution (\$)	
	09/11/2024	Altria Group				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Westington DC 20001				
	Dringing ogg	Washington, DC 20001	Employer (See Instructions	Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor X out-of-state PAC (ID#: C			Amount of Contribution (\$)	
	10/31/2024	American Congress of OB-GYNs PAC				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		W. Hinster DO 20000				
	D i sizzi eesi	Washington, DC 20003		Ĺ		
	Principai occu	pation / Job title (See Instructions)	Employer (See Instructions)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Ancira Strategic Partners LLP				\$400.00
		Contributor address; City; State; Zip Code				
		1				
	Dringingloog	Austin, TX 78701	Employer (Cap Instructions	Ĺ		
	Principai occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	Atmos Energy Corp PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75240				
	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: 3/39 Rpt: 6/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2024	Avalos, Rose				\$35.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77073				
8	Principal occu		9 Employer (See Instructions	<u>ا</u> د)		
Ľ	Not Employe		Not Employed	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/23/2024	Beef PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79106				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Beer Alliance of Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/15/2024	Bing, Eric				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	CEO		College of Health Care I	Pro	fessionals	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Brentwood Public Affairs	/			\$1,000.00
		Contributor address; City; State; Zip Code				. ,
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> s)		
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F				1	Total pages Schedule A1:	
	The Instruc	ction Guide explains how to complete this f	form.		Sch: 4/39 Rpt: 7/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/30/2024	Brewer, Sidney				\$35.00
	1	6 Contributor address; City; State; Zip Code		1		
	ļ	1	ļ			
	ļ	1	ļ			
		Houston, TX 77088				
8			9 Employer (See Instructions)	s)		
	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	10/11/2024	Brewer, Sidney				\$25.00
	1	Contributor address; City; State; Zip Code		1		
	1	1				
	1	1				
L		Houston, TX 77088]			
		ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/02/2024	Briones, Lesley				\$1,000.00
	ļ	Contributor address; City; State; Zip Code		1		
	1	1				
	1	11				
╞		Houston, TX 77008		ŕ		
	Commission	upation / Job title (See Instructions)	Employer (See Instructions) Harris County	3)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	±050.00
	12/06/2024	Brotherhood of Locomotive Engineers & Trainme				\$250.00
	1	Contributor address; City; State; Zip Code				
	1	1				
	ł	Decatur, TX 76234				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ر) ا		
	Г шора ооса			5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	12/05/2024		/			\$500.00
		Contributor address; City; State; Zip Code				Ψουυ.ου
	1	Continuation address, City, State, Zip Code				
	1	1				
	ł	Austin, TX 78766				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	⊥ s)		
	·			,		
⊢			<u> </u>			

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 5/39 Rpt: 8/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)	1		00062108	
4	Date	5 Full name of contributor X out-of-state PAC (IDa	#: <u>C00002089</u>)	7	Amount of Contribution (\$)	
	12/12/2024	CWA COPE PAC	!			\$500.00
	I	6 Contributor address; City; State; Zip Code	1	1		
		1	1			
		Washington, DC 20001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID;	#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Calpine PAC				\$1,500.00
	I	Contributor address; City; State; Zip Code				
		1	!			
		Houston, TX 77002	!			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	T hhope ooe			<i>''</i>		
╞	Date	Full name of contributor out-of-state PAC (ID;		Γ	Amount of Contribution (\$)	
	09/09/2024	Cardozo, Juan				\$50.00
	I	Contributor address; City; State; Zip Code				
		1	1			
		1	!			
		Houston, TX 77039				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
L	Commercial		Frost Bank	,		
	Date	Full name of contributor Out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	÷40.00
	10/16/2024	Castaneda, Rodolfo				\$10.00
		Contributor address; City; State; Zip Code	!			
		1	!			
		Houston, TX 77088	1			
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	Not Employe	:d	Not Employed			
F	Date	Full name of contributor X out-of-state PAC (ID;	#: <u>C00397851</u>)	Γ	Amount of Contribution (\$)	
	09/19/2024	Centene Corporation PAC	!			\$1,000.00
	I	Contributor address; City; State; Zip Code				
		1	!			
			1			
L		St. Louis, MO 63105		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
\vdash						
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/39 Rpt: 9/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2024	Cervantes, Esmeralda				\$50.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	l	Houston, TX 77039				
8	Principal occu		9 Employer (See Instructions	<u> </u> נו		
	Not Employe	ed	Not Employed	<i>.</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	Cervantes, Esmeralda				\$25.00
	I	Contributor address; City; State; Zip Code]		
	I					
	l	Houston, TX 77039				
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Not Employe		Not Employed	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	l	Γ	Amount of Contribution (\$)	
	10/02/2024	Cervantes, Louis	/		Allount of Continents (+)	\$25.00
	10,01,202	Contributor address; City; State; Zip Code				+-
		Houston, TX 77039				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Not Employe	2d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/15/2024	Charter Communications INC				\$1,000.00
	l	Contributor address; City; State; Zip Code		1		
	I					
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
				,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/20/2024	Charter Schools Now PAC			, and an element of element (.)	\$1,000.00
	I	Contributor address; City; State; Zip Code		•		• •
	l					
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢						
1						

The Instruction (Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 7/39 Rpt: 10/97	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Walle Jr., Armando	L. (The Honorable)			00062108	
4 Date 5 Ful	name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/25/2024 Ch	avana Law PLLC				\$200.00
6 Cor	ntributor address; City; State; Zip Code		1		
Но	uston, TX 77093				
8 Principal occupation /	Job title (See Instructions)	9 Employer (See Instructions	5)		
Date Ful	name of contributor x out-of-state PAC (ID#:) (00035006		Amount of Contribution (\$)	
10/03/2024 Ch	evron Employees PAC				\$1,500.00
Cor	ntributor address; City; State; Zip Code		1		
	n Ramon, CA 94583				
Principal occupation /	Job title (See Instructions)	Employer (See Instructions	5)		
			-		
	name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/29/2024 Co	le, Celia				\$50.00
Cor	ntributor address; City; State; Zip Code		1		
	stin, TX 78756		Ĺ		
Nonprofit Executive	Job title (See Instructions)	Employer (See Instructions	5)		
		Feeding Texas			
	name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	le, Celia				\$50.00
Cor	ntributor address; City; State; Zip Code				
Διι	stin, TX 78756				
	Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Nonprofit Executive		Feeding Texas	>)		
· ·					
	name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢50.00
	le, Celia				\$50.00
Cor	ntributor address; City; State; Zip Code				
Au	stin, TX 78756				
	Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
CEO		FEeding Texas	-,		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/39 Rpt: 11/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/31/2024	Cole, Celia				\$50.00
	I	6 Contributor address; City; State; Zip Code				
		Austin, TX 78756				
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Feeding Texas	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/29/2024	Cole, Celia				\$50.00
	I	Contributor address; City; State; Zip Code				
		Austin, TX 78756				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Nonprofit Ex		Feeding Texas	' '		
	Date	Full name of contributor		Γ	Amount of Contribution (\$)	
	10/08/2024	Comcast Corp. & NBCUniversal	, , , , , , , , , , , , , , , , , , , ,		Allount of Continents (+)	\$1,500.00
		Contributor address; City; State; Zip Code				· -,
		Philadelphia, PA 19103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
-	Date	Full name of contributor		Γ	Amount of Contribution (\$)	
	11/20/2024	Constellation Energy Corp				\$2,500.00
	1	Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/07/2024	Cornerstone Gov't Affairs Texas PAC				\$500.00
	l	Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/39 Rpt: 12/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
[mando L. (The Honorable)		ľ	00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7	Amount of Contribution (\$)	
	12/10/2024	Danielle Delgadillo Constulting				\$250.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor out-of-state PAC (ID:)	Γ	Amount of Contribution (\$)	
	12/02/2024	Davis Kaufman PLLC	··/			\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	08/19/2024	Diamondback Energy Inc				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Midland, TX 79701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID:	#:)	Γ	Amount of Contribution (\$)	
	10/11/2024	Durio, Patrick				\$1.00
		Contributor address; City; State; Zip Code				
		Bellaire, TX 77401	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CPA		Durio & Co	_		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/10/2024	EDF Action Texas PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
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	The Instru	ction Guide explains how to complete this fo	erm.	1	Total pages Schedule A1: Sch: 10/39 Rpt: 13/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		mando L. (The Honorable)		Ŭ	00062108	, in the is j
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/31/2024	ENPAC Texas				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor X out-of-state PAC (ID#; <u>CC</u>	00082792)		Amount of Contribution (\$)	
	08/06/2024	Eli Lilly and Co				\$1,000.00
		Contributor address; City; State; Zip Code				
		Indianapolis, IN 46285				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/16/2024	Emergency Medicine PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Auctin TV 79701				
	Bringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Enchanted Rock Holdings LLC				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	i incipal occu)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Enterprise Products Partners Texas PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i incipal occu)		

_	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/39 Rpt: 14/97	
2	FILER NAME Walle Jr., An	mando L. (The Honorable)		3	Filer ID (Ethics Commission 00062108	on Filers)
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#: Erben & Yarbrough		7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code				
Ļ		Austin, TX 78701		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Evbagharu, Odus Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	- Dringing logg	Katy, TX 77449	Employer (Cool Instructions			
		ipation / Job title (See Instructions) tions Director	Employer (See Instructions) HCDP)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#: Exxon Mobil PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Irving, TX 75039 Ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00
	Principal occı	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	· · ·		· · · · ·			
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#: Friends of TTU System PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Lubbock, TX 79409	Employer (See Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 12/39 Rpt: 15/97
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Walle Jr., Armando L. (The Honorable)	00062108
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
09/14/2024 Garcia, Javier	\$100.00
6 Contributor address; City; State; Zip Code	
San Antonio, TX 78247	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Risk Management NCUA	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/26/2024 Garcia, Viola	\$150.00
Contributor address; City; State; Zip Code	
Houston, TX 77068	
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)
Trustee Aldine ISD	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/26/2024 Garza, Alberto	\$200.00
Contributor address; City; State; Zip Code	
Houston, TX 77018	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/26/2024 Garza, Alberto	\$300.00
Contributor address; City; State; Zip Code	
Houston, TX 77018	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	I ructions)
Not Employed Not Employed	,
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
09/30/2024 Gonzales, Veronica	\$250.00
Contributor address; City; State; Zip Code	
McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)
VP of Gov't and Community Relations University of Texa	as RGV

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/39 Rpt: 16/97	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		rmando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/13/2024	Granato, James				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77008				
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Academic		University of Houston			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Graydon Strama Lucio Group				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/26/2024	Guevara, Ashley				\$25.00
		Contributor address; City; State; Zip Code		ł		
		Tomball, TX 77375				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	∋d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/04/2024	Guiterrez, Abel				\$100.00
		Contributor address; City; State; Zip Code		1		
		-				
		Angleton, TX 77515				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/04/2024	Guiterrez, Abel				\$100.00
		Contributor address; City; State; Zip Code		1		
		Angleton, TX 77515				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	Эd	Not Employed			

	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 14/39 Rpt: 17/97	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			-	00062108	,
4	Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Guiterrez, Abel					\$100.00
		6 Contributor address; City; State; Zip Co					
		Angleton, TX 77515					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>ا</u>		
ľ	Not Employe			Not Employed	,		
╞	Date)		Amount of Contribution (\$)	
	07/04/2024	Gutierrez, Abel)			\$100.00
	0170 11202 1						\$100.00
		Angleton, TX 77515					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe	d		Not Employed			
Γ	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	08/04/2024	Gutierrez, Abel					\$100.00
		Contributor address; City; State; Zip Co					
┝	Dringing age	Angleton, TX 77515		Employer (Cool Instructions			
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
╞							
	Date 09/04/2024	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	09/04/2024						Φ100.00
		Contributor address; City; State; Zip Co	Jue				
		Angleton, TX 77515					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor 🛛 out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Gutierrez, Michael					\$1,000.00
		Contributor address; City; State; Zip Co	ode				
┡	Duin sin 1	Houston, TX 77018			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
⊢	Project Mana			MLB Roofing & Decks			

	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/39 Rpt: 18/97	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		mando L. (The Honorable)				00062108	
4	Date	5 Full name of contributor 🛛 🗍 o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/28/2024	0/28/2024 HCA Texas Good Government Fund					\$1,000.00
	ļ	6 Contributor address; City; State; Z	Zip Code				
	ļ						
	ļ						
		Dallas, TX 75240					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/22/2024	HEB PAC					\$2,500.00
	,		Zip Code				
	ļ		F.				
	ļ						
	ļ	San Antonio, TX 78204					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 🗌 o	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2024	HMWK LLC					\$250.00
		Contributor address; City; State; Z	Zip Code				
	ļ						
	ļ						
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					_		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	HOMEPAC of Texas					\$250.00
	ļ	Contributor address; City; State; Z	Zip Code				
	ļ						
		Austin, TX 78701					
	Drincinal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Ρπιτυμαι στου				9		
╞	Date	Full name of contributor			_	Amount of Contribution (\$)	
	12/10/2024	Hasenfluck, Amber	out-of-state PAC (ID#:)			\$500.00
			Zin Codo				Ψυυυ.υυ
	ļ	Contributor address; City; State; Z	lip Coue				
	ļ						
		Austin, TX 78704					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Founding Pa			TX Public Affairs	,		
⊢			I				

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	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 16/39 Rpt: 19/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	rmando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	10/04/2024	HillCo PAC				\$500.00
		6 Contributor address; City; State; Zip Code		"		
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
_	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	12/13/2024	Hillier, King				\$200.00
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77096				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
_	VP Public Po	-	Harris Health System	—		
	Date	—	(ID#:)		Amount of Contribution (\$)	· - • • •
	12/13/2024	Hillier, King				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77096				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	VP Public Po		Harris Health System	3)		
<u> </u>	Date				Amount of Contribution (\$)	
	10/25/2024	Hoffman, Gilbert	(ID#:)			\$100.00
	10/20/202			·		Ψ100.00
		Continuation dudress, City, State, Zip Code				
		Houston, TX 77057				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Publisher		Self			
	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	10/23/2024	Houston Associated General Contractors P				\$1,000.00
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77092	<u> </u>			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 17/39 Rpt: 20/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		rmando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	10/29/2024					\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Deer Park, TX 77536				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	11/25/2024	Houston Pilots PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Deer Park, TX 77536				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Date	Full name of contributor Out-of-state PAC (ID		Γ	Amount of Contribution (\$)	
	11/14/2024	Houston Police Retired Officers Association P				\$2,500.00
		Contributor address; City; State; Zip Code	-			· /
		Houston, TX 77219				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	09/27/2024	Hoya, Judy				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77037				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Not Employe	эd	Not Employed			
	Date	Full name of contributor X out-of-state PAC (ID		Γ	Amount of Contribution (\$)	
	09/10/2024	Humana PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Louisville, KY 40202				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ட 5)		
<u> </u>						
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/39 Rpt: 21/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date 11/19/2024	5 Full name of contributor out-of-state PAC (ID#: IBAT PAC)	7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code				·
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	IEC of Texas PAC Fund				\$500.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions)	L :)		
	Гинора осса)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/19/2024	Independent Insurance Agents of Texas				\$500.00
		Contributor address; City; State; Zip Code				
		Austin TV 70760				
-	Principal occu	Austin, TX 78768 upation / Job title (See Instructions)	Employer (See Instructions)	L .)		
	Fппсіраї осса			J		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Junior and Community College PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
-	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	-			<i>.</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Keffer Konsulting LLC				\$500.00
		Contributor address; City; State; Zip Code				
		Eastland, TX 76448				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		

The Instruction Guide explains how to complete this form. Sch: 19/39 Rpt: 22/97 2 FLER NAME 3 Flort D (Ethics Commission Filers) Wale Jr. Armando L. (The Honorable) 0005/208 4 Date 5 Fait name of contributor ont of state PAC (10#) 7 Amount of Contribution (3) 10/11/2024 5 Fait name of contributor ont of state PAC (10#) 7 Amount of Contribution (3) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Aution (15) Bus Driver Full name of contributor out-of-state PAC (10#) Amount of Contribution (3) 07/19/2024 Full name of contributor out-of-state PAC (10#) Amount of Contribution (5) 07/19/2024 Full name of contributor out-of-state PAC (10#) Amount of Contribution (5) 07/19/2024 Full name of contributor out-of-state PAC (10#) Amount of Contribution (5) 12/11/2024 Full name of contributor out-of-state PAC (10#) Amount of Contribution (5) 12/11/2024 Full name of contributor out-of-state PAC (10#) Amount of Contribution (5) 10/29/2024 Full name of contributor out-of-state PAC (10#) Amo		The luceture			1	Total pages Schedule A1:	
Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor out of state PAC (IO#:		The Instruc	ction Guide explains how to complete this to	orm.		Sch: 19/39 Rpt: 22/97	
4 Date 5 Full name of contributor our of state PAC (D#	2				3		on Filers)
10/11/2024 Kirk, Michael \$10.00 6 Contributor address; City, State; Zip Code		Walle Jr., Ar	· · ·				
6 Contributor address; City; State; Zip Code Houston, TX 77037 9 8 Principal occupation / Job title (See Instructions) Bus Driver 9 Date 07/19/2024 Full name of contributor	4)	7	Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) BuS Driver 9 Employer (See Instructions) Aldine ISD Date 07/19/2024 Full name of contributor or out-of-state PAC (IDI:) Contributor address; City, State; Zip Code Amount of Contribution (S) S10.00 Date 07/19/2024 Full name of contributor address; City, State; Zip Code Employer (See Instructions) Not Employed Amount of Contribution (S) S10.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (S) S500.00 Date 12/11/2024 Full name of contributor or out-of-state PAC (IDI:		10/11/2024					\$10.00
8 Principal occupation / Job title (See Instructions) Bus Driver 9 Employer (See Instructions) Aldine ISD Date 07/19/2024 Full name of contributor out-of-state PAC (IDI:) Knaack, Gina Amount of Contribution (\$) \$10.00 Date 07/19/2024 Full name of contributor out-of-state PAC (IDI:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$500.00 Date 12/11/2024 Full name of contributor out-of-state PAC (IDI:) Not Employed Amount of Contribution (\$) \$500.00 Date 12/11/2024 Full name of contributor out-of-state PAC (IDI:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$500.00 Date 10/29/2024 Full name of contributor out-of-state PAC (IDI:) Longbow Consulting Partners Amount of Contribution (\$) \$500.00 Date 10/29/2024 Full name of contributor out-of-state PAC (IDI:) Lyondell Chemical Company PAC Amount of Contribution (\$) \$1,000.00 Date 10/07/2024 Full name of contributor out-of-state PAC (IDI:) Lyondell Chemical Company PAC Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77010 Amount of Contribution (\$)		1	6 Contributor address; City; State; Zip Code				
8 Principal occupation / Job title (See Instructions) Bus Driver 9 Employer (See Instructions) Aldine ISD Date 07/19/2024 Full name of contributor out-of-state PAC (IDI:) Knaack, Gina Amount of Contribution (\$) \$10.00 Date 07/19/2024 Full name of contributor out-of-state PAC (IDI:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$500.00 Date 12/11/2024 Full name of contributor out-of-state PAC (IDI:) Not Employed Amount of Contribution (\$) \$500.00 Date 12/11/2024 Full name of contributor out-of-state PAC (IDI:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$500.00 Date 10/29/2024 Full name of contributor out-of-state PAC (IDI:) Longbow Consulting Partners Amount of Contribution (\$) \$500.00 Date 10/29/2024 Full name of contributor out-of-state PAC (IDI:) Lyondell Chemical Company PAC Amount of Contribution (\$) \$1,000.00 Date 10/07/2024 Full name of contributor out-of-state PAC (IDI:) Lyondell Chemical Company PAC Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77010 Amount of Contribution (\$)		1					
Bus Driver Aldine ISD Date Full name of contributor out-of-state PAC (Dor		ł	Houston, TX 77037				
Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 07/19/2024 Knaack, Gina \$10.00 Contributor address; City; State; Zip Code State; Zip Code Colorado Springs, CO 80925 Employer (See Instructions) Not Employed Full name of contributor out-of-state PAC (D#) Date Full name of contributor out-of-state PAC (D#) 12/11/2024 Full name of contributor out-of-state PAC (D#) Austin, TX 78760 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (D#) Austin, TX 78760 Employer (See Instructions) S500.00 Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 10/29/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,000.00 Date Full name of contributor <td< td=""><td>8</td><td>Principal occu</td><td>pation / Job title (See Instructions)</td><td>9 Employer (See Instructions</td><td>上 3)</td><td></td><td></td></td<>	8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	上 3)		
07/19/2024 Knaack, Gina \$10.00 Contributor address; City; State; Zip Code \$10.00 Colorado Springs, CO 80925 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (De:		Bus Driver		Aldine ISD			
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10/07/2024 Lyondell Chemical Company PAC \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77010		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
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Contributor address; City; State; Zip Code Houston, TX 77010)	Γ	Amount of Contribution (\$)	
Houston, TX 77010		10/07/2024					\$1,000.00
		ļ	Contributor address; City; State; Zip Code				
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		ł	Houston, TX 77010				
	┝	Principal occu		Employer (See Instructions	L_ 3)		
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2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor X out-of-state PAC (ID#: C)	7	Amount of Contribution (\$)	
	09/23/2024	09/23/2024 Marathon Petroleum Corporation PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		Findlay, OH 45840				
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 (\$)	
	10/26/2024	Marquez, Roy				\$150.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77008				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Self Employe	ed	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/25/2024	Martinez, Jorge				\$25.00
		Contributor address; City; State; Zip Code		1		
		1				
L		Houston, TX 77004		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions Houston ISD	5)		
	Director of D			, —		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	10/25/2024	Mata, John				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		Hockley, TX 77447				
┢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u> ۱		
	Plumber	,	Self	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/10/2024	Matz and Company	/			\$250.00
	12, 10, 202	Contributor address; City; State; Zip Code		ł		<i><i>w</i></i> <i>LUUUUUUUUUUUUU</i>
		1				
		Austin, TX 78703				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	,
4	4 Date 5 Full name of contributor X out-of-state PAC (ID#: C00558932)			7	Amount of Contribution (\$)	
	10/24/2024 Maxim Healthcare Services					\$1,000.00
	6 Contributor address; City; State; Zip Code			1		
		Columbia, MD 21046				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/11/2024	McGowen, Jeffery				\$150.00
		Contributor address; City; State; Zip Code		1		
		Tomball, TX 77038				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Law Enforce		Aldine ISD PD			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Mendiola, Miroslava				\$200.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77228				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Attorney		Mendiola Law Firm	,		
╞	Date	Full name of contributor X out-of-state PAC (ID#:	C00097485	Г	Amount of Contribution (\$)	
	07/11/2024	Merck Employees PAC)			\$1,000.00
		Contributor address; City; State; Zip Code		ł		+_,000100
		contributor address, city, state, zip code				
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/05/2024	Miller, Robert				\$500.00
		Contributor address; City; State; Zip Code		1		
\vdash	<u></u>	Dallas, TX 75201		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
\vdash	Attorney		Locke Lord LLP			
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Т	he Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 22/39 Rpt: 25/97	
2 F	ILER NAME				3	Filer ID (Ethics Commission	n Filers)
v	Valle Jr., Ar	mando L. (The Honorable)				00062108	
4 D	Date	5 Full name of contributor out-of-state P.	PAC (ID#:)	7	Amount of Contribution (\$)	
1	0/16/2024	Mindiola, Cindy					\$250.00
	I	6 Contributor address; City; State; Zip Code					
		Houston, TX 77004	r		Ĺ		
		upation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
	Not Employe	3d 		Not Employed			
	Date		PAC (ID#:)		Amount of Contribution (\$)	
1	2/04/2024	Moak Casey PAC					\$500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
F	Princinal occu	apation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u> :)		
	Incipai occa				<i>י</i> י		
	Date	Full name of contributor Out-of-state P.			1	Amount of Contribution (\$)	
	LO/19/2024	Full name of contributor out-of-state P. Montes Talley, Lupita	PAC (ID#)			\$100.00
-	01131202-	Contributor address; City; State; Zip Code					Ψ100.00
		Contributor address, City, State, Zip Code					
		Houston, TX 77093					
P	rincipal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
Ν	/larketing ar	nd Comma Consultant		Self Employed			
C	Date	Full name of contributor out-of-state P.	 PAC (ID#:)		Amount of Contribution (\$)	
1	0/25/2024	Montes de Oca, Armando					\$25.00
	1	Contributor address; City; State; Zip Code			1		
<u> </u>		Houston, TX 77004	r		Ĺ		
	•	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Relationship		<u> </u>	Wells Fargo Bank	-		
	Date	Full name of contributor out-of-state P.	PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	0/24/2024	Moreno, Gloria					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77003					
P	rincipal occu	upation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Assistant Dir			City of Houston	,		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 23/39 Rpt: 26/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	10/22/2024	Morin, Thomas				\$500.00
	1	6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77005				
Q	Drincinal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> -\		
	Publisher		Daily Court Review	ッ		
	Date	—	ť:)		Amount of Contribution (\$)	
	09/09/2024	Murillo, Art				\$50.00
	I	Contributor address; City; State; Zip Code	1	1		
┝	<u></u>	Houston, TX 77060		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Public Relati	1	Houston METRO	—		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	10/04/2024	Murillo, Art				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77060				
	Dringingl occu	ipation / Job title (See Instructions)	Employer (See Instructions	Γ		
	Public Relati		Houston METRO	5)		
╞				—	() contribution (b)	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	ቀርባብ በበ
	09/26/2024	NASW Texas PACE				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L_ 3)		
	F	,		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	09/30/2024	Oncor Texas State PAC	·/			\$2,000.00
	00/00/202	Contributor address; City; State; Zip Code		•		Ψ2,000.01
		Contributor address, Gity, State, Zip Code				
		Dallas, TX 75202				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
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2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	10/09/2024	PAC of Independent Insurance Agents of Texa	as			\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78768				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Pascal, Matthew				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Hudson, CO 80642				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CEO		Republic Amusements			
	Date	Full name of contributor X out-of-state PAC (ID#	#: <u>C00039321</u>)	Γ	Amount of Contribution (\$)	
	10/22/2024	2024 Pepsico Concerned Citizens Fund				\$1,000.00
		Contributor address; City; State; Zip Code				
		Durahasa NIV 10577				
	Drive sized, oppy	Purchase, NY 10577	Employer (Cap Instructions	Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
-	Date	Full name of contributor X out-of-state PAC (ID#		Π	Amount of Contribution (\$)	
	10/15/2024	Pfizer PAC	£. <u>C00010003</u>			\$1,500.00
	10,10,202	Contributor address; City; State; Zip Code		ł		Ψ1,000.01
		New York, NY 10001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	10/02/2024	PharmPAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to complete t	this fo	orm.	1	Total pages Schedule A1: Sch: 25/39 Rpt: 28/97	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
		mando L. (The Honorable)				00062108	, , ,
4	Date	5 Full name of contributor out-of-state PAC	.C (ID#:_)	7	Amount of Contribution (\$)	
	07/22/2024	Porras, Alfred					\$10.00
		6 Contributor address; City; State; Zip Code			1		
		Houston, TX 77093					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> 5)		
Ì	Paralegal	pener, e		Houston Community Se		ces	
╞	Date	Full name of contributor Out-of-state PAC)	Γ	Amount of Contribution (\$)	
	08/22/2024	Porras, Alfred				Allount of Contribution (+,	\$10.00
	••••						T -
		Houston, TX 77093					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Paralegal			Houston Community Se	rvi	ces	
	Date	Full name of contributor out-of-state PAC	C (ID#:_)	Γ	Amount of Contribution (\$)	
	09/11/2024	Porras, Alfred					\$50.00
		Contributor address; City; State; Zip Code			1		
	Duite site of a set	Houston, TX 77093			Ĺ		
	Principal occu Paralegal	ipation / Job title (See Instructions)		Employer (See Instructions Houston Community Se		000	
					1		
	Date		.C (ID#:)		Amount of Contribution (\$)	\$10.00
	09/22/2024	Porras, Alfred					\$T0.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77093					
\vdash	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	Paralegal			Houston Community Se	rvi	ces	
⊨	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2024	Porras, Alfred	•				\$10.00
		Contributor address; City; State; Zip Code			1		
		Houston, TX 77093					
		ipation / Job title (See Instructions)		Employer (See Instructions			
	Paralegal			Houston Community Se	rvi	ces	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/39 Rpt: 29/97	
2 FILER NAME Walle Jr., Arn	mando L. (The Honorable)		3 Filer ID (Ethics Commission Fi 00062108	ilers)
11/22/2024	5 Full name of contributor out-of-state PAC (ID#: Porras, Alfred		7 Amount of Contribution (\$)	\$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77093			
8 Principal occup Paralegal	pation / Job title (See Instructions)	9 Employer (See Instructions Houston Community Set		
Date 09/09/2024	Puente, Jaime)	Amount of Contribution (\$)	\$35.00
Principal occup Policy Analys	Austin, TX 78759 pation / Job title (See Instructions) st	Employer (See Instructions Every Texan	\$)	
Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Rash, Jeanette Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00
Principal occup President	Houston, TX 77020 pation / Job title (See Instructions)	Employer (See Instructions Zone One Auto	3)	
Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Rash, Jeanette Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$200.00
Principal occup President	Houston, TX 77020 pation / Job title (See Instructions)	Employer (See Instructions Milam St. Auto	3)	
Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Red Rock Texas PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$500.00
Principal occur	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	\$)	

	The Instru	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 27/39 Rpt: 30/97	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)				00062108	,
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2024	Reyes, Janie					\$35.00
		6 Contributor address; City; State; Zip Code			1		
		Houston, TX 77009					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
⊨	Date	Full name of contributor Out-of-state	PAC (ID#)	Γ	Amount of Contribution (\$)	
	10/26/2024	Reyna, Rebecca	. 1 //0 (10#)			\$50.00
	10/20/2024	-					φ30.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77083	i				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Executive Di	rector		Greater Northside Mana	age	ment District	
	Date	Full name of contributor 🛛 out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Riceland Consulting LLC					\$250.00
		Contributor address; City; State; Zip Code					
		Eagle Lake, TX 77434					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	12/03/2024	Ron Lewis & Associates					\$500.00
		Contributor address; City; State; Zip Code			•		
		Austin, TX 78701					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	i intelpai eeea				-)		
_	Data				<u> </u>	Amount of Contribution (f)	
	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	09/24/2024	Rydman, John					\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77007					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Spec's			

т	he Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/39 Rpt: 31/97	
2 FI	ILER NAME			3 Filer ID (Ethics Commiss	sion Filers)
		mando L. (The Honorable)		00062108	
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12	1/26/2024	Sabine Pilot PAC			\$500.00
	1	6 Contributor address; City; State; Zip Code		1	
		1			
		Port Arthur, TX 77640			
8 Pr	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)	
	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10	0/15/2024	Sampson Public Affairs			\$500.00
	I	Contributor address; City; State; Zip Code		1	
		1			
		Austin, TX 78701		<u> </u>	
PI	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)	
	<u> </u>		<u> </u>		
	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Τι	0/17/2024	Sanchez, Mariana			\$100.00
		Contributor address; City; State; Zip Code			
		1			
		Houston, TX 77065			
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> s)	
	:00		Bonding Against Advers		
Di	ate	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	0/11/2024	Smith, David		, , , , , , , , , , , , , , , , , , ,	\$100.00
		Contributor address; City; State; Zip Code		1	
		1			
		Houston, TX 77091			
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
N	lot Employe	.d	Not Employed		
Di	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$))
12	1/06/2024	Southern Glazer's PAC			\$500.00
	I	Contributor address; City; State; Zip Code		1	
		1			
		1			
		Austin, TX 78701			
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 29/39 Rpt: 32/97	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	- rmando L. (The Honorable)		00062108	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/26/2024				\$100.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77039			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Not Employ	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/18/2024	TBA Bank PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/25/2024		/		\$5,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78768			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2024				\$150.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77019			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Administrat	ion	Tejano Center		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/26/2024		/		\$200.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77443			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	۱ <u> </u>	
Attorney	· · · ·	Akerman		
-		<u> </u>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/39 Rpt: 33/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/26/2024	Tchenko, Thierry				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		1				
_	51 101000	Houston, TX 77002		Ĺ		
8	Principal occu Not Employe		9 Employer (See Instructions Not Employed	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=00.00
	12/09/2024	Texans for Reasonable Solutions				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78741				
	Bringinal occi		Employer (See Instructions	$\overline{\Gamma}$		
	Phillipai occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas AFLCIO State COPE Fund)		Amount of Contribution (\$)	\$500.00
	11/14/2024			•		ΦΟΟΟ.ΟΟ
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78711				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	·					
-	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/10/2024	Texas Academy of Family Physicians PAC				\$2,500.00
	-			•		· ·
		1				
		Austin, TX 78727				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/08/2024	Texas Aggregates & Concrete Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		1				
		Round Rock, TX 78681				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		

					_		
	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 31/39 Rpt: 34/97	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		mando L. (The Honorable)				00062108	лт но.с,
4	Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Texas Alliance for Conservation PAC					\$1,000.00
	I	6 Contributor address; City; State; Zip Code					
	I						
		Dallas, TX 75382					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor out-of-state	te PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/18/2024	Texas Association for Interior Design I					\$700.00
	I						
	I						
	I	1					
	I	Houston, TX 77269					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions			
_	Date	Full name of contributor out-of-state)	Γ	Amount of Contribution (\$)	
	11/24/2024	Texas Automotive Recyclers Associati	tion				\$500.00
	I	Contributor address; City; State; Zip Code					
	I						
	I	1					
	I	Midland, TX 79706					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state	e PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/02/2024	Texas Beverage Alliance					\$2,000.00
	I	Contributor address; City; State; Zip Code					
	I	1					
	I	1					
		Austin, TX 78701					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state	.e PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/10/2024	Texas Building Branch AGC PAC					\$1,000.00
	I	Contributor address; City; State; Zip Code	; 				
	I	1					
	I	1					
		Austin, TX 78701					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
1							

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 32/39 Rpt: 35/97 2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission 00062108 4 Date 09/18/2024 5 Full name of contributor 0 out-of-state PAC (ID#:)) Texas Construction Association PAC 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 4 Ustin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	on Filers) \$500.00
Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 09/18/2024 Texas Construction Association PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701 Austin, TX 78701	
Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 09/18/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) Austin, TX 78701 4 Austin, TX 78701 1 Amount of Contribution (\$)	
09/18/2024 Texas Construction Associaiton PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	\$500.00
09/18/2024 Texas Construction Associaiton PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	\$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701	
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 (\$)	
10/08/2024 Texas Dairymen PAC	\$1,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78711	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
11/25/2024 Texas Leads PAC	\$500.00
Contributor address; City; State; Zip Code	
Austin, TX 78767	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/03/2024 Texas Manufactured Housing Assoc.	\$1,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78759	
Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributorout-of-state PAC (ID#:) 10/08/2024 Texas McDonald's Operations Association PAC	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Texas McDonald's Operations Association PAC Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Texas McDonald's Operations Association PAC Contributor address; City; State; Zip Code Amount of Contributor (\$) Athens, TX 75751 Employer (See Instructions)	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Texas McDonald's Operations Association PAC Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Texas McDonald's Operations Association PAC Contributor address; City; State; Zip Code Amount of Contributor (\$) Athens, TX 75751 Employer (See Instructions)	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Texas McDonald's Operations Association PAC Contributor address; City; State; Zip Code Amount of Contributor (\$) Athens, TX 75751 Employer (See Instructions)	\$1,000.00

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/39 Rpt: 36/97	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		mando L. (The Honorable)		ľ	00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Texas Medical Association PAC				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2024	Texas Mortgage Bankers PAC	······			\$1,500.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	i incipal occu			"		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/26/2024	Texas Oil and Gas Association				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		,	F - J - (,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/02/2024	Texas Optometric PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	۱	Γ	Amount of Contribution (\$)	
	12/11/2024	Texas Physical Therapy Assn			/ income of Continuation (+)	\$500.00
	10,11,2021					4000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78737				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
				·)		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 34/39 Rpt: 37/97		
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)	
	rmando L. (The Honorable)	00062108	JIT :	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/18/2024	Texas Podiatric Medical Association			\$500.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	i)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/25/2024	Texas Restaurant Association			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78767			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2024	Texas Sands PAC			\$4,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/06/2024	Texas Society of Architects Committee			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78702			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/11/2024	Texas Society of CPA PAC	,	,	\$1,000.00
	Contributor address; City; State; Zip Code		¥=,	
	כטוונווטענטו מעעובסס, כוגי, סומוכ, בוף כסמכ			
	Addison, TX 75001			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
			7	
		<u> </u>		

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	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 35/39 Rpt: 38/97			
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
		rmando L. (The Honorable)		00062108	· ·		
4	Date	5 Full name of contributor)	7	Amount of Contribution (\$)		
	12/06/2024	Texas State Association of					\$750.00
	P	6 Contributor address; City; Si			1		
	ł						
	Austin, TX 78701						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)							
	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	11/18/2024	Texas State Teachers As					\$1,000.00
	ł	Contributor address; City; Si			1		
	1						
	ł						
		Austin, TX 78759		1			
	Principal occupation / Job title (See Instructions) Employer (See Instruction				;)		
					_		
	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	11/22/2024	Texas Towing & Storage					\$500.00
	1	Contributor address; City; St					
	1						
	1	Spring, TX 77386					
	Principal occu	upation / Job title (See Instructions	c)	Employer (See Instructions			
	Filliopui ooca	pation / oub the (oce mendelene	,,		り		
_	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	11/19/2024	Texas Trial Lawyers Asso					\$5,000.00
	,	Contributor address; City; Si	State; Zip Code		1		
	ł						
	ł						
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
╞	Data			000140711	—	Amount of Contribution (\$)	
	Date 09/17/2024	Full name of contributor	x out-of-state PAC (ID#: <u>C</u>)			\$1,000.00
					-		Φ1,000.00
	Contributor address; City; State; Zip Code						
	ł						
	,	Arlington, VA 22202					
<u> </u>	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	上 3)		
			,		,		
<u> </u>				<u> </u>			
1							

The Instru	ction Guide explains how to complete th	iis form.	1 Total pages Schedule A1: Sch: 36/39 Rpt: 39/97
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	mando L. (The Honorable)	00062108	
4 Date	5 Full name of contributor X out-of-state PAC (7 Amount of Contribution (\$)	
11/20/2024	The Home Depot PAC		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Westigner DO 20004		
9 Dringinal occu	Washington, DC 20004 Ipation / Job title (See Instructions)	9 Employer (See Instructions	>>
o Philipai occu			5)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
12/11/2024	The Storage Place		\$500.00
	Contributor address; City; State; Zip Code		1
	Corpus Christi TV 70412		
Dringing ogg	Corpus Christi, TX 78412 pation / Job title (See Instructions)	Employer (See Instructions	
Philliparoccu		Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
09/18/2024	Tippetts, Reyna		\$500.00
	Contributor address; City; State; Zip Code		
	Splandara TV 77272		
Dringingloggy	Splendora, TX 77372	Employer (See Instructions	
Education	pation / Job title (See Instructions)	Employer (See Instructions LSC-EAC	5)
			Arround of Constribution (ft)
Date 10/26/2024	Full name of contributor out-of-state PAC (Trevino, Silvia	(ID#:)	Amount of Contribution (\$) \$250.00
10/20/2024	Contributor address; City; State; Zip Code		φ230.00
	Houston, TX 77023		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Constable		Harris County	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
08/21/2024	Trone, Robert		\$2,000.00
	Contributor address; City; State; Zip Code		
	Bethesda, MD 20817		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Owner		,	
		Total Wine	

The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 37/39 Rpt: 40/97	
2 FILER NAME Walle Jr., Ar	mando L. (The Honorable)		Filer ID (Ethics Commissic 00062108	on Filers)	
4 Date 10/04/2024	5 Full name of contributor out-of-state PAC (ID#: Turrieta, Gilbert	7 /	Amount of Contribution (\$)	\$250.00	
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78701				
8 Principal occu Lobbyist	ipation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
Date 12/09/2024					\$500.00
Principal occu	The Woodlands, TX 77380 Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor X out-of-state PAC (ID#: C	200101766		Amount of Contribution (\$)	
07/15/2024	United Airlines Contributor address; City; State; Zip Code	,,			\$2,000.00
Principal occu	Chicago, IL 60606 Ipation / Job title (See Instructions)	Employer (See Instructions	e)		
Date 09/18/2024	Full name of contributor x out-of-state PAC (ID#: C United Health Group Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Washington, DC 20004				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: Veterinarian PAC)	/	Amount of Contribution (\$)	\$500.00
	Contributor address; City; State; Zip Code				
Principal occu	Austin, TX 78754 Ipation / Job title (See Instructions)	Employer (See Instructions	s)		

_							
	The Instru	ction Guide explains how to com	1	Total pages Schedule A1: Sch: 38/39 Rpt: 41/97			
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
	Walle Jr., Ar	mando L. (The Honorable)				00062108	
4	Date	5 Full name of contributor out-of-	state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/23/2024	Vistra Employee PAC					\$2,500.00
	I	6 Contributor address; City; State; Zip Co	ode				
	I						
	I	1					
		Irving, TX 75039	r				
8	Principal occu	pation / Job title (See Instructions)	9	9 Employer (See Instructions)		
╞	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	12/10/2024	Wholesale Beer Distributors					\$1,500.00
		Contributor address; City; State; Zip Co					
		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 (\$)	
	10/26/2024						\$100.00
	Contributor address; City; State; Zip Code						
		Cypress, TX 77429					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	CPA			Self			
⊨	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Wine and Spirits Wholesalers of Te					\$2,500.00
		Contributor address; City; State; Zip Co					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date		state PAC (ID#:)		Amount of Contribution (\$)	
	11/15/2024 Wise, Curtis				\$1,000.00		
	Contributor address; City; State; Zip Code						
	Deire eine Las en	Flower Mound, TX 75022		England (Or a la struction			
	Principal occupation / Job title (See Instructions)Employer (See InstructionPresidentClubWise Finance						

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/39 Rpt: 42/97
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	- rmando L. (The Honorable)	00062108	
4 Date 10/03/2024	 5 Full name of contributor out-of-state PAC (ID#: Witte, Rocio 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$50.00	
	Humble, TX 77346		ļ
8 Principal occ Community	upation / Job title (See Instructions) Developer	 9 Employer (See Instructions Baker Ripley 	5)
Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Zarzoza, Flor Contributor address; City; State; Zip Code Houston, TX 77002		Amount of Contribution (\$) \$100.00
Principal occ	Houston, TX 77093 upation / Job title (See Instructions)	Employer (See Instructions	
Not Employ		Not Employed	5)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Zermeno, Roy Contributor address; City; State; Zip Code Houston, TX 77013		Amount of Contribution (\$) \$35.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Not Employ	ed	Not Employed	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 43/97						
2 FILER NAME		3	3 Filer ID (Ethics Commission Filers)						
Walle Jr., A	rmando L. (The Honorable)		00062108						
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$							
5 Date	6 Full name of contributor out-of-state PAC (ID#:)		Amount of 9 In-kind contribution contribution (\$) description					
12/10/2024	Blackinge			contribution (\$) description \$350.00 Email invitation					
	7 Contributor address; City; State; Zip Code		distribution for fundraiser						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JU	·					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's s	spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of In-kind contribution					
10/26/2024	Cross Oak Group			contribution (\$) description					
	Contributor address; City; State; Zip Code			\$791.49 Food and drinks for district					
	Austin, TX 78701			Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's s	spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L							
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of In-kind contribution					
12/10/2024	Legislative Solutions			contribution (\$) description \$275.00 Event coordination fee for					
	Contributor address; City; State; Zip Code			fundraiser					
	Austin, TX 78763		I Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	i-JU	·					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	n of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

	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 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:	FILER NAME 3	Filer ID (Ethics Commission Filers)				
_	Sch: 1/52 Rpt: 44/97	Walle Jr., Armando L. (The Honorable)	00062108				
4	Date 07/07/2024	Payee name ActBlue					
6	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 Somerville, MA 02144					
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense า fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/21/2024	ActBlue					
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) b) Description check if travel out 	tside of Texas. Complete Schedule T. X, officeholder living expense 1 fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/28/2024	ActBlue					
	Amount (\$) \$0.40	Payee address;City;State;Zip CodeP.O. Box 441146					
		Somerville, MA 02144					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ר fee				
	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		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: 2/52 Rpt: 45/97	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 08/04/2024	5 Payee name ActBlue				
6	Amount (\$) \$5.93	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel ou	ttside of Texas. Complete Schedule T. ^T X, officeholder living expense n fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/25/2024	ActBlue				
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense n fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/01/2024	ActBlue				
	Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense n fee			
	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		Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	ce Overhe ling Exper nting Expe aries/Wag	nse es/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 Filers)
	Sch: 3/52 Rpt: 46/97		Walle Jr., Armando L. (The Honorable)				00062108
4	Date 09/08/2024		Payee name ActBlue				
6	Amount (\$) \$3.95		Payee address; City; State; Zip P.O. Box 441146 Somerville, MA 02144	p Code			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees) (b		, тх,	de of Texas. Complete Schedule T. officeholder living expense fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t		Office held
	Date		Payee name				
	09/15/2024		ActBlue				
	Amount (\$)		Payee address; City; State; Zip	p Code	!		
	\$29.28		P.O. Box 441146 Somerville, MA 02144				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees) (t		, TX,	de of Texas. Complete Schedule T. officeholder living expense fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t		Office held
	Date		Payee name				
	09/22/2024		ActBlue				
	Amount (\$) \$30.03		Payee address; City; State; Zip P.O. Box 441146	p Code			
			Somerville, MA 02144				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees) (b		, тх,	de of Texas. Complete Schedule T. officeholder living expense fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t		Office held

	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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)			
	Sch: 4/52 Rpt: 47/97	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date	Payee name				
	09/29/2024	ActBlue				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.93	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		tside of Texas. Complete Schedule T.			
		Check if Austin, T2 Digital donation	X, officeholder living expense			
			Tiee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
Ĩ	expenditure to benefit C/OF					
_	Date	Payee name				
	09/30/2024	ActBlue				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.27	P.O. Box 441146				
	ψ±1.21					
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense			
		Digital donation				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
	Date	Payee name				
	10/06/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.77	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE	(b) Description				
	OF EXPENDITURE		tside of Texas. Complete Schedule T.			
	-	Digital donation	X, officeholder living expense			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OF	Caralaato, Shiosholadi harite Olios Sught				
-						

	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)							
	Sch: 5/52 Rpt: 48/97	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 10/13/2024	Payee name ActBlue								
6	Amount (\$) \$50.81	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144								
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 Digital donation fee 								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held Office held										
	Date	Payee name								
10/20/2024 ActBlue										
	Amount (\$) \$69.53	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense on fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date 10/27/2024	Payee name ActBlue								
	Amount (\$) \$59.67	Payee address; City; State; Zip Code P.O. Box 441146								
		Somerville, MA 02144								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital donation fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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		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: 6/52 Rpt: 49/97	Walle Jr., Armando L. (The Honorable)	00062108								
4	Date	Payee name									
	11/03/2024	ActBlue									
6	Amount (\$) \$41.48										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital donation fee										
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date	Payee name									
	11/05/2024 ActBlue										
	Amount (\$) \$9.88										
		Somerville, MA 02144									
	PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense fee								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/24/2024	ActBlue									
	Amount (\$) \$0.40	Payee address;City;State;Zip CodeP.O. Box 441146									
		Somerville, MA 02144									
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Digital donation fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials 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:	FILER NAME	Filer ID (Ethics Commission Filers)								
	Sch: 7/52 Rpt: 50/97	Walle Jr., Armando L. (The Honorable)	00062108								
4	Date 12/01/2024	Payee name ActBlue									
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code \$1.98 P.O. Box 441146 Somerville, MA 02144									
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 Digital donation fee 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/08/2024	ActBlue									
	Amount (\$)Payee address;City;State;Zip Code\$23.70P.O. Box 441146										
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense n fee								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/15/2024	ActBlue									
	Amount (\$) \$29.63	Payee address;City;State;Zip CodeP.O. Box 441146									
		Somerville, MA 02144									
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. ^T X, officeholder living expense n fee								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE CATEGOR	RIES 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 I	Office Ove Polling Exp Printing Ex Salaries/W	oense 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	FILER NAME		-	3	Filer ID (Ethics Commission Filers)				
-	Sch: 8/52 Rpt: 51/97		Walle Jr., Armando L. (The Honorable)				00062108				
4	Date	5	Payee name								
	10/15/2024		Agave Democratic Infrastructure Fund								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,000.00										
			Austin, TX 78763								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By	ittaa			ide of Texas. Complete Schedule T. , officeholder living expense				
			Candidate/Officeholder/Political Comm	illee			gressive organization				
					Donation to	νοί					
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name office sought Office held							Office held				
	Date		Payee name								
10/01/2024 Aicha Davis Campaign											
Amount (\$) Payee address; City; State; Zip Code											
	\$500.00		608 Tara Dr.								
			DeSoto, TX 75115								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political Comm	ittee	Check if Austin, TX, officeholder living expense						
					Donation to s	stat	e house candidate				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held				
	Date		Payee name								
	12/12/2024		Aicha Davis Campaign								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$500.00		608 Tara Dr.								
	\$000100										
			DeSoto, TX 75115								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee										
					Donation to s	stat	e house candidate				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht	_	Office held				

				EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gir nmittee Le	rent Expense ies iod/Beverage Expense ft/Awards/Memorials E gal Services he Instruction Gui	xpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense 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 NAME 3 Fil					Filer ID	(Ethics Commission Filers)			
	Sch: 9/52 Rpt: 52/97			nando L. (The F	lonorable))			00062108			
4	Date	5	Payee name					L				
	12/10/2024		Airbnb									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$2,828.01	1 888 Brannan Street										
			San Francisco	o. CA 94103								
8	PURPOSE	(a)		Categories listed at the	ton of this och	adula)	(b) Description					
-	OF		Housing	categories listed at the	top of this sch	ledule)		outsi	de of Texas. Compl	ete Schedule T.		
	EXPENDITURE		0						officeholder living e			
							Short term re	enta	l in Austin for	Session		
				h - l -l		0.45	1-4		Office her	4		
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									d		
	Date		Payee name									
	07/16/2024 Amazon											
	Amount (\$) Payee address; City; State; Zip Code											
	\$270.83 410 Terry Ave N											
			Seattle, WA 9	8109								
	PURPOSE OF	(a)	Category (See	Categories listed at the	top of this sch	nedule)	(b) Description					
	EXPENDITURE		Supplies						de of Texas. Compl officeholder living e			
							Office supplie		uncentituer inving e	shpense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Dffice sou	ht		Office hel	d		
⊨	Date		Payee name									
	10/10/2024		Amazon									
_	Amount (\$)		Payee address;	; City;	State:	; Zip Co	le					
	\$54.10		410 Terry Ave		,	,						
			Seattle, WA 9	8109								
	PURPOSE OF	(a)		Categories listed at the	top of this sch	nedule)	(b) Description					
	EXPENDITURE											
							Office supplie		onioonolaor innig e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ſ						1-1					
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH								Office hel	d			
\vdash												

			EXPENDITURE	CATEGOR	RIES 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 E umittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/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: 10/52 Rpt: 53/97		Walle Jr., Armando L. (The H	lonorable))			00062108			
4	Date	5	Payee name								
	10/17/2024		Amazon								
6	Amount (\$) \$34.18	 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 									
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	b) Description					
	OF EXPENDITURE		Supplies			Check if travel	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held			
	Date		Payee name								
	11/04/2024		Amazon								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	е					
	\$43.29		410 Terry Ave N Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Supplies	top of this sch	iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	11/04/2024		Amazon								
	Amount (\$) \$7.57		Payee address; City; 410 Terry Ave N	State;	; Zip Coc	e					
			Seattle, WA 98109								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Office supplies											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			

			EXPENDITURE	CATEGOF	RIES 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 E Legal Services The Instruction Gui	xpense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/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 Sabadula E1			ue explains .			3	Ethics Commission Eilers)			
1	Total pages Schedule F1: Sch: 11/52 Rpt: 54/97		LER NAME /alle Jr., Armando L. (The F	lonorable))		3	Filer ID (Ethics Commission Filers) 00062108			
4	Date	5 Pa	ayee name								
	11/04/2024	A	Amazon								
6	Amount (\$) \$55.06	7 Payee address; City; State; Zip Code 06 410 Terry Ave N Seattle, WA 98109									
8	PURPOSE	(a) C;	ategory (See Categories listed at the	ton of this sch	edule) (b) Description					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Image: Check if Austin, TX, officeholder living expense Office Supplies Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held			
	Date	Pa	ayee name								
	11/14/2024	A	mazon								
	Amount (\$)	Pi	ayee address; City;	State;	; Zip Cod	e					
	\$54.66		10 Terry Ave N eattle, WA 98109								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the upplies	top of this sche	edule) (, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht	Office held				
	Date	Pi	ayee name								
	11/17/2024	A	mazon								
	Amount (\$)	Pi	ayee address; City;	State;	; Zip Cod	e					
	\$5.38	1	10 Terry Ave N								
		S	eattle, WA 98109								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held			

			EXI	ENDITURE CATEGO	RIES FOF	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee Gift/Awa	verage Expense ds/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	kpense /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)			
-	Sch: 12/52 Rpt: 55/97	2		o L. (The Honorable)			00062108			
4	Date	5	Payee name				•				
	12/04/2024		Amazon								
6	Amount (\$)	7	Payee address;	City; State	; Zip Co	de					
	\$97.41	7.41 410 Terry Ave N									
			Seattle, WA 9810	9							
_	BUBBOOF					(L)					
8	PURPOSE OF	(a)		ries listed at the top of this sch	nedule)	(b) Description		ide of Tourse Operations Ophendule T			
	EXPENDITURE		Supplies					ide of Texas. Complete Schedule T. , officeholder living expense			
						Office suppli		, onceroider iving expense			
						Once Suppli	53				
_											
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officehold	er name (Office sou	ght		Office held			
	Date		Payee name								
	12/07/2024		Amazon								
	Amount (\$)		Payee address;	City; State	; Zip Co	de					
	\$150.47	\$150.47 410 Terry Ave N									
			Seattle, WA 9810	9							
	PURPOSE	(a)	Category (Soo Catego	ries listed at the top of this sch	aodulo)	(b) Description					
	OF	Ľ	Supplies		leuule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		oupplies			Check if Austir	I, TX	, officeholder living expense			
						Supplies to c	upplies to outfit new office				
	Complete ONLY if direct	(Candidate/Officehold	er name	Office sou	aht		Office held			
	expenditure to benefit C/OI	н				5					
_		_									
	Date		Payee name								
	12/08/2024		Amazon								
	Amount (\$)		Payee address;	City; State	; Zip Co	de					
	\$134.40		410 Terry Ave N								
			Seattle, WA 9810	a							
	BUBBOOF					(h) -					
	PURPOSE OF	(a)		ries listed at the top of this sch	nedule)	(b) Description	outoi	ide of Towar, Complete Schedule T			
	EXPENDITURE		Supplies					ide of Texas. Complete Schedule T. , officeholder living expense			
						Supplies to c					
							uul				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ght		Office held			

		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)							
-	Sch: 13/52 Rpt: 56/97	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 11/22/2024	5 Payee name Amy Hinojosa Campaign								
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code \$250.00 6300 Irvington Blvd. Houston, TX 77022 Houston, TX 77022								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to campaign										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/12/2024 Bakerripley									
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4450 Harrisburg Blvd. #200 Houston, TX 77011								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. n, TX, officeholder living expense District Christmas event							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/29/2024	Bakerripley								
	Amount (\$) Payee address; City; State; Zip Code \$250.00 4450 Harrisburg Blvd. #200 Houston, TX 77011									
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to nonprofit in memoriam of constituent									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held										

		EXPENDITURE CATEGORIE	S FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimburseme ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor v to complete this form.							
1	Total pages Schedule F1:	II FR NAME		3 Filer ID (Ethics Commission Filers)						
-	Sch: 14/52 Rpt: 57/97	/alle Jr., Armando L. (The Honorable)		00062108						
4	Date 08/26/2024	ayee name akerripley								
6	Amount (\$) \$263.88	Payee address; City; State; Zip Code 4450 Harrisburg Blvd. #200								
		louston, TX 77011								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to district nonprofit										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held						
	Date	ayee name								
	12/12/2024	ampaign Strategies								
	Amount (\$)	ayee address; City; State; Z	Zip Code							
	\$9,827.00	O Box 3308 louston, TX 77253								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedu dvertising Expense	Check if tra	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense ristmas Card Mailer						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held						
	Date	ayee name								
	07/24/2024	anva								
	Amount (\$) \$24.00	ayee address; City; State; Z 00 E 6th St.	Zip Code							
		ustin, TX 78701								
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Software (b) Description Image: Check if Austin, TX, officeholder living expense Graphic design subscription									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held						

			EXPEN	ITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	Expense morials Expense ion Guide explains I	Office Over Polling Exp Printing Exp Salaries/Wa	oense 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)			
-	Sch: 15/52 Rpt: 58/97	2	Walle Jr., Armando L.	(The Honorable))			00062108			
4	Date	5	Payee name								
	08/24/2024		Canva								
6	Amount (\$)	7	Payee address; City	State;	Zip Coo	le					
	\$24.00	00 200 E 6th St.									
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories lis	tod at the tap of this cab	odulo)	b) Description					
	OF	l` '	Software	are at the top of this sche	euule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense			
						Graphic desi	gn	software			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder na	me C	Office soug	ht		Office held			
	Date		Payee name								
	09/06/2024		Canva								
	Amount (\$)		Payee address; City	State;	Zip Coo	le					
\$92.00 200 E 6th St.											
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE					n, TX	tside of Texas. Complete Schedule T. X, officeholder living expense N SOftware				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office soug	ht		Office held			
	Date		Payee name								
	09/24/2024		Canva								
-	Amount (\$)		Payee address; City	State [.]	Zip Coo	e					
	\$24.00		200 E 6th St.	Claire,	p 000						
	\$2 H00										
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	b) Description					
	OF EXPENDITURE		Software					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Graphic desi	gn :	Sonware			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office soug	ht		Office held			

			EX	PENDITURE CATEGO	ORIES FOR	R BOX	8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa nmittee Legal Se	verage Expense rds/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	erhead/Re pense xpense Vages/Co	eeimbursement ental Expense ontract Labor this form.		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
1	Sch: 16/52 Rpt: 59/97	2		o L. (The Honorabl	e)				00062108	
4	Date	5	Payee name							
	10/24/2024		Canva							
6	Amount (\$)	7	Payee address;	City; Stat	te; Zip Co	de				
	\$24.00		200 E 6th St.							
			Austin, TX 78701							
8	PURPOSE					(h) D	escription			
ľ	OF	(4)	Software	pries listed at the top of this s	chedule)			outsic	de of Texas. Compl	ete Schedule T.
	EXPENDITURE						Check if Austin,	TX,	officeholder living e	expense
						G	raphic desig	gn s	software	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	er name	Office sou	ght			Office hel	d
	Date		Payee name							
	11/24/2024		Canva							
	Amount (\$)		Payee address;	City; Stat	te; Zip Co	de				
\$24.00 200 E 6th St.										
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Software (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic design software 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	er name	Office sou	ght			Office hel	d
_	Date		Payee name							
	12/24/2024		Canva							
	Amount (\$)		Payee address;	City; Stat	te; Zip Co	de				
	\$24.00		200 E 6th St.		ю, др ос	ac .				
	+=									
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Catego	ories listed at the top of this s	chedule)	(b) De	escription			
	OF EXPENDITURE		Software				4		de of Texas. Compl	
							raphic desig		officeholder living e	expense
						6	apine uesiy	911 S		
_	Complete ONIL V if direct	Ļ	andidata/Officebeld	or namo	Office com	abt			Office bet	4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ynı			Office hel	u

	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 tegal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	oense 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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 17/52 Rpt: 60/97		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	08/16/2024		Cas Hernandez Campaign				
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le		
	\$500.00		P.O. Box 1289				
			Addison, TX 75001				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	b) Description		
Ĩ	OF	,	Contributions/Donations Made By	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austin	I, TX	, officeholder living expense
					Donation to s	stat	e house candidate
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	12/12/2024		Cas Hernandez Campaign				
	Amount (\$)		Payee address; City; State;	Zip Coo	le		
	\$500.00 P.O. Box 1289						
			Addison, TX 75001				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description		
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense
					Donation to s	stat	e house candidate
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	08/16/2024		Cecilia Castellano Campaign				
	Amount (\$)			Zip Co			
	\$500.00		20956 Somerset Rd	Zip Cot			
	\$500.00		20350 Somerset Nu				
			Somerset, TX 78069				
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	aluba)	b) Description		
	OF		Contributions/Donations Made By	uule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austin	I, TX	, officeholder living expense
					Donation to s	stat	e house candidate
				<i>(</i> ('	L- 4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice soug	nt		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 Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	head/Renta ense pense ages/Contra	act Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME		-		3	Filer ID	(Ethics Commission Filers)
	Sch: 18/52 Rpt: 61/97		Walle Jr., Armando L. (The Honorable)					00062108	(
4	Date	5	Payee name						
	08/16/2024		Charlene Johnson Campaign						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$500.00		5319 Alba Road						
			Houston, TX 77091						
8	PURPOSE	(a)			(b) Des	orintion			
ľ	OF	(4)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	_		outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee				officeholder living e	
					Dor	nation to st	tate	e house cand	lidate
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	jht			Office hel	d
	Date		Payee name						
12/12/2024 Charlene Johnson Campaign									
Amount (\$) Payee address; City; State; Zip Code									
	\$500.00 5319 Alba Road								
			Houston, TX 77091						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Compl	
			Candidate/Officeholder/Political Comm	ittee				officeholder living e e house cand	
					DUI	101110 51	lait	e nouse canu	liuale
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	, bt			Office hel	d
	expenditure to benefit C/OI				JIIC			Onice her	u
_	Data	_							
	Date		Payee name						
	08/01/2024		Curatola, Jacqueline						
	Amount (\$)			Zip Co	de				
	\$923.50		2018 W. Rundberg Ln.						
			Apt. 10D						
			Austin, TX 78758						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Compl	
							ΤX,	officeholder living e	expense
					Stat	ff Salary			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office hel	d
	superioratione to benefit 0/01								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 19/52 Rpt: 62/97		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	08/30/2024		Curatola, Jacqueline				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$923.50		2018 W. Rundberg Ln.				
			Apt. 10D				
			Austin, TX 78758				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	aluba)	(b) Description		
	OF		Salaries/Wages/Contract Labor	Judio)		outs	de of Texas. Complete Schedule T.
	EXPENDITURE		-			, TX	officeholder living expense
					Staff Salary		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held
	Date		Payee name				
	10/01/2024		Curatola, Jacqueline				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$1,356.92		2018 W. Rundberg Ln.	•			
	. ,		Apt. 10D				
			Austin, TX 78758				
	DUDDOCE				(h)		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	de of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor				officeholder living expense
					Staff Salary		
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght		Office held
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	11/01/2024		Curatola, Jacqueline				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$1,356.92		2018 W. Rundberg Ln.				
			Apt. 10D				
			Austin, TX 78758				
-	PURPOSE				(b) Description		
	OF		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Salanes, Wages, Contract Labor		Check if Austin	, тх	officeholder living expense
					Staff Salary		
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght		Office held
	expenditure to benefit C/OI	Н					

	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 I	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			·	3	Filer ID (Ethics Commission Filers)	
	Sch: 20/52 Rpt: 63/97							
4	Date	5	Payee name					
	11/29/2024		Curatola, Jacqueline					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$1,356.92		2018 W. Rundberg Ln.					
			Apt. 10D					
			Austin, TX 78758					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
			Salaries/Wages/Contract Labor	cuule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		-			, TX	, officeholder living expense	
					Staff Salary			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	12/10/2024		Curatola, Jacqueline					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$500.00 2018 W. Rundberg Ln.							
			Apt. 10D					
			Austin, TX 78758					
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor	cuuic)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE		-				, officeholder living expense	
					Staff Holiday	Bo	inus	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held	
_	Date		Payee name					
	12/31/2024		Curatola, Jacqueline					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$1,356.92		2018 W. Rundberg Ln.					
			Apt. 10D					
			Austin, TX 78758					
	PURPOSE	(a)			(b) Description			
	OF	("	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries, Wages, Contract Labor		Check if Austin	, TX	, officeholder living expense	
					Staff Salary			
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C	Office sou	ght		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		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: 21/52 Rpt: 64/97	Walle Jr., Armando L. (The Honorable)	00062108				
4	Date 07/09/2024	5 Payee name Fiesta Mart					
6 Amount (\$) 7 Payee address; City; State; Zip Code \$342.12 2311 Wirt Rd 2311 Wirt Rd 2311 Wirt Rd							
		Houston, TX 77055					
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	side of Texas. Complete Schedule T. X, officeholder living expense I Recovery Donation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/09/2024	Fiesta Mart					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$239.05	2311 Wirt Rd Houston, TX 77055					
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	side of Texas. Complete Schedule T. X, officeholder living expense I Recovery Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/10/2024	Fiesta Mart					
	Amount (\$) \$20.73	Payee address; City; State; Zip Code 2311 Wirt Rd					
		Houston, TX 77055					
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	side of Texas. Complete Schedule T. X, officeholder living expense I Recovery Donation				
	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 22/52 Rpt: 65/97		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	10/09/2024		Goodman Campaigns				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$95.00		211 E 7th St.				
			620				
			Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	(b) Description		
-	OF		Consulting Expense	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense
					Digital fundra	aisir	ng fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	10/09/2024		Goodman Campaigns				
Amount (\$) Payee address; City; State; Zip Code							
\$941.00 211 E 7th St.							
			620				
			Austin, TX 78701				
	DUDDOCE	(-)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense				, officeholder living expense
					Digital fundra	aisir	ng fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held
-	Date		Payee name				
	11/09/2024		Goodman Campaigns				
	Amount (\$)			Zip Co	10		
	\$995.90		211 E 7th St.	Zip Co			
	\$355.50						
			620				
			Austin, TX 78701				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.
	-						, officeholder living expense
					Digital fundra	นวท	וא ובב
	Complete ONUM Station	L	Condidate /Office helder		- la 4		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Jrit		Office held

	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 23/52 Rpt: 66/97	Walle Jr., Armando L. (The Honorable) 00062108					
4	Date	Payee name					
	08/29/2024	Greater Pure Light					
6	6 Amount (\$) \$512.08 Houston, TX 77039 7 Payee address; City; State; Zip Code Houston, TX 77039						
8	PURPOSE	(b) Description					
0	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense cal nonprofit				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/26/2024	Hilton					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$302.63	7930 Jones Branch Dr McLean, VA 22102					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Washington D.C. for child care				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/19/2024	Holiday Inn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$264.97	3 Ravinia Drive					
		Ste 100					
		Atltanta, GA 30346					
-	PURPOSE	(b) Description					
	OF EXPENDITURE	Travel Out of District	utside of Texas. Complete Schedule T. TX, officeholder living expense Austin for Legislative business				
	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	Fees Food/B Gift/Aw mittee Legal S	Expense everage Expense ards/Memorials Expense Services Instruction Guide explains I	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	-	Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:		•			3 F	-iler ID	(Ethics Commission Filers)
-	Sch: 24/52 Rpt: 67/97		rmando L. (The Honorable)					
4	Date 12/04/2024	Payee name Home Depot						
			O'thur Otherton	71.0.0.1				
6 Amount (\$) 7 Payee address; City; State; Zip Code \$94.99 2455 Paces Ferry Road NW Atlanta, GA 30339								
8	PURPOSE		gories listed at the top of this sche	(h) Description			
-	OF EXPENDITURE	Supplies	jories listed at the top of this sch	edule) (Check if travel	i, TX, o	e of Texas. Compl Ifficeholder living e NEW OffiCE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	der name C	Office sough	t		Office hel	d
	Date	Payee name						
	12/04/2024	Home Depot						
	Amount (\$)	Payee address;	City; State;	Zip Code				
	\$117.98	2455 Paces Ferr Atlanta, GA 3033						
	PURPOSE OF EXPENDITURE	Category _{(See Categ} Supplies	gories listed at the top of this sch	edule) (b		i, TX, o	e of Texas. Compl fficeholder living e New Office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	der name C	Office sough	t		Office hel	d
	Date	Payee name						
	12/20/2024	Home Depot						
-	Amount (\$)	Payee address;	City; State;	Zip Code				
	\$97.28	2455 Paces Ferr	3 .					
		Atlanta, GA 3033	9					
	PURPOSE OF EXPENDITURE	Category _{(See Categ} Supplies	gories listed at the top of this scho	_{edule)} (b		i, TX, o	e of Texas. Compl Ifficeholder living e New Office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	der name C	Office sough	t		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political 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)				
T	Sch: 25/52 Rpt: 68/97	2 FILER NAME 3 Filer ID (Ethics Commission Filer) Walle Jr., Armando L. (The Honorable) 00062108					
4	Date 08/22/2024						
6	6 Amount (\$) \$3,000.00 Amount (\$) \$3,000.00 7 Payee address; City; State; Zip Code 9126 Jensen Dr. Houston, TX 77093						
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to local nonprofit						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
Γ	Date	Payee name					
	08/15/2024	Internal Revenue Service					
	Amount (\$) Payee address; City; State; Zip Code \$782.84 1111 Constitution Ave. NW						
		Washington, DC 20224					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
F	Date	Payee name					
	11/01/2024	Internal Revenue Service					
	Amount (\$) \$887.67	Payee address; City; State; Zip Code 1111 Constitution Ave. NW					
		Washington, DC 20224					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	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		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)					
-	Sch: 26/52 Rpt: 69/97	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date 11/29/2024	5 Payee name Internal Revenue Service						
6	6 Amount (\$) \$887.67 7 Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/13/2024	Internal Revenue Service						
	Amount (\$) Payee address; City; State; Zip Code \$782.84 1111 Constitution Ave. NW							
		Washington, DC 20224						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/14/2024	Internal Revenue Service						
	Amount (\$) \$782.84	Payee address;City;State;Zip Code1111 Constitution Ave. NW						
		Washington, DC 20224						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense					
	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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee 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:	· · ·	3 Filer ID (Ethics Commission Filers)				
	Sch: 27/52 Rpt: 70/97	Walle Jr., Armando L. (The Honorable)	00062108				
4	Date	Payee name					
	10/02/2024	Internal Revenue Service					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$887.67	1111 Constitution Ave. NW					
		Washington, DC 20224					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		tside of Texas. Complete Schedule T.				
	EXPENDITORE		rX, officeholder living expense				
		Payroll Taxes					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	- p						
	Date	Payee name					
10/02/2024 Internal Revenue Service							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$84.00 1111 Constitution Ave. NW						
		Washington, DC 20224					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor	tside of Texas. Complete Schedule T.				
			rX, officeholder living expense				
		Payroll Taxes					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/12/2024	Internal Revenue Service					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$782.84	1111 Constitution Ave. NW					
		Washington, DC 20224					
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		Itside of Texas. Complete Schedule T.				
		Payroll Taxes	FX, officeholder living expense				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF		onice neu				
L							

	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/Reimbursemer 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.				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)			
1	Sch: 28/52 Rpt: 71/97	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 12/31/2024	Payee name Internal Revenue Service				
6	5 Amount (\$) 7 Payee address; City; State; Zip Code \$1,170.98 1111 Constitution Ave. NW Washington, DC 20224 Washington, DC 20224					
8						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/09/2024	J & N Enterprises, Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$485.92	2519 Fairway Park Dr. Ste. 302 Houston, TX 77092				
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense St for district mailer			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/11/2024	J & N Enterprises, Inc.				
	Amount (\$) \$412.32	Payee address; City; State; Zip Code 2519 Fairway Park Dr. Ste. 302 Houston, TX 77092				
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense St for district mailer			
	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		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: 29/52 Rpt: 72/97	Walle Jr., Armando L. (The Honorable)	00062108
4	Date 10/28/2024	5 Payee name J & N Enterprises, Inc.	
6	Amount (\$) \$568.31	7 Payee address; City; State; Zip Code 2519 Fairway Park Dr. Ste. 302 Houston, TX 77092	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rchandise
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/07/2024	Jara, Robert	
	Amount (\$) \$5,580.00	Payee address; City; State; Zip Code PO Box 3308	
		Houston, TX 77253	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I t fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date Payee name		
	10/28/2024	Judge Michael Gomez Campaign	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 0 P.O. Box 56386	
		Houston, TX 77256	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense dicial campaign
	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	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 30/52 Rpt: 73/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date	Payee name			
	08/28/2024	Kindness Empowers You			
6	Amount (\$)	Payee address; City; State; Zip Code			
-	\$500.00	1406 Godwin St			
		Houston, TX 77023			
8	PURPOSE				
0	OF	 Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel of Check if travel of Chec	putside of Texas. Complete Schedule T.		
	EXPENDITURE		, TX, officeholder living expense		
		Donation to lo	ocal nonprofit		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
_	Data	D			
	Date	Payee name			
	08/16/2024	Laurel Swift Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P.O.Box 6866			
		San Antonio, TX 78209			
	PURPOSE) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		butside of Texas. Complete Schedule T.		
	-		, TX, officeholder living expense tate house candidate		
			late house candidate		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	Candidate/Onicerioider name Onice sought	Onceneu		
⊢	Date	Payee name			
	08/16/2024	Lauren Simmons Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	PO Box 56386			
		Houston, TX 77256			
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		butside of Texas. Complete Schedule T.		
	-		, TX, officeholder living expense tate house candidate		
			נמוב ווטעשב כמווטוטמוב		
_	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	ense 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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 31/52 Rpt: 74/97		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	11/11/2024		Lauren Simmons Campaign				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$500.00		PO Box 56386				
			Houston, TX 77256				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description		
	OF EXPENDITURE		Contributions/Donations Made By	,			ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Commit	ttee			, officeholder living expense
					Donation to s	stat	e house candidate
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office held
	Date		Payee name				
	08/16/2024		Linda Garcia Campaign				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$500.00		539 W Commerce St				
			4898				
			Dallas, TX 75208				
	PURPOSE	(2)			(b) Decemination		
	OF	(a)	Category (See Categories listed at the top of this sched Contributions/Donations Made By	dule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commit	ttee			, officeholder living expense
					Donation to s	stat	e house candidate
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held
	Date		Payee name				
	12/12/2024		Linda Garcia Campaign				
	Amount (\$)			Zip Co	le		
	\$500.00		539 W Commerce St	p 000			
	+000100		4898				
			Dallas, TX 75208				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schere	dule)	b) Description	oute	ide of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttoo			, officeholder living expense
							e house candidate
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice soug	ht		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 Exp ittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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 F	ILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 32/52 Rpt: 75/97		Valle Jr., Armando L. (The Ho	onorable))			00062108
4	Date 12/04/2024		ayee name owe's					
6	Amount (\$)	7 🗆	ayee address; City;	State [.]	Zip Coo	۹		
Ū	\$204.59	1	000 Lowe's Blvd	Olulo,	, <u>Lip</u> 000			
		Ν	looresville, NC 28117					
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to supplies	op of this sch	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense it new office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office held
	Date	F	ayee name					
	12/04/2024	L	owe's					
	Amount (\$)	F	ayee address; City;	State;	; Zip Coo	e		
	\$178.83		000 Lowe's Blvd 1ooresville, NC 28117					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to upplies	op of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense it new office
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office held
	Date	F	ayee name					
	12/04/2024		owe's					
-	Amount (\$)	F	ayee address; City;	State:	; Zip Coo	e		
	\$17.59		000 Lowe's Blvd		·			
		Ν	looresville, NC 28117					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to supplies	op of this sch	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense it new office
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		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 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 33/52 Rpt: 76/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date 08/06/2024	Payee name MALDEF			
6	Amount (\$) \$250.00	Payee address; City; State; Zip Code 110 Broadway 300 San Antonio, TX 78205			
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense annual gala		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	07/25/2024	Mailchimp			
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Dution software subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	08/25/2024	Mailchimp			
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Dution software 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)				
	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 34/52 Rpt: 77/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date 09/25/2024	5 Payee name Mailchimp			
6	Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308			
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense tion software subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/25/2024	Mailchimp			
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense tion software subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	11/25/2024	Mailchimp			
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense tion software 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)				
	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 35/52 Rpt: 78/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date 12/25/2024	5 Payee name Mailchimp			
6	Amount (\$) \$98.07	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308			
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ion software subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/30/2024	Marriott			
	Amount (\$) \$873.50	Payee address; City; State; Zip Code 7750 Wisconsin Ave			
		Bethesda, MD 20814			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Intonio for MALC Golf Tournament		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	12/15/2024	Martinez, Coco			
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4655 Aldine Mail Route			
		Houston, TX 77039			
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense Ilgrim's Place nonprofit		
	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	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	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:	FILER NAME	B Filer ID (Ethics Commission Filers)	
-	Sch: 36/52 Rpt: 79/97	Walle Jr., Armando L. (The Honorable)	00062108	
4	Date 12/21/2024	Payee name May, Lisa		
_		-		
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4726 Debeney Dr Houston, TX 77039		
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	itside of Texas. Complete Schedule T. IX, officeholder living expense ed Hat Ladies Chapter for ballet tickets	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	10/11/2024	Mexican American Bar Foundation		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$495.00	P.O. BOX 303 Houston, TX 77001		
	DUDDOOF			
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. IX, officeholder living expense Ig Mexican American Bar Association	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
F	Date	Payee name		
	11/26/2024	Mexican American Bar Foundation		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,500.00	P.O. BOX 303		
		Houston, TX 77001		
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense UES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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				
1	Total pages Schedule F1:		—		
	Sch: 37/52 Rpt: 80/97	Walle Jr., Armando L. (The Honorable)00062108			
4	Date 08/19/2024	5 Payee name Michaela Plesa Campaign			
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 796311 Dallas, TX 75248			
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to state house candidate 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	12/17/2024	NHCARSP			
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1206 Sunny Drive			
		Houston, TX 77093			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to local nonprofit 			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
F	Date	Payee name	키		
	12/30/2024	Navidad en El Barrio			
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8223 Bo Jack Dr.			
		Houston, TX 77040			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to local nonprofit 			
	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				
	Total pages Schedule F1:				
	Sch: 38/52 Rpt: 81/97	Walle Jr., Armando L. (The Honorable) 00062108			
4	Date 12/03/2024	5 Payee name Partnerships for Children			
6	Amount (\$) \$258.60	7 Payee address; City; State; Zip Code 14000 Summit Dr Austin, TX 78728			
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to Austin nonprofit 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/27/2024	Precinct2Gether			
⊢	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	P.O. Box 57506 Webster, TX 77598			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to local nonprofit 			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/15/2024	QuickBooks Payments			
	Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software 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)				
	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 39/52 Rpt: 82/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date	Payee name			
	08/15/2024	QuickBooks Payments			
6	Amount (\$) \$103.40	Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ftware subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/15/2024	QuickBooks Payments			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$103.40	2700 Coast Ave. Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ftware subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/15/2024	QuickBooks Payments			
	Amount (\$) \$103.40	Payee address; City; State; Zip Code 2700 Coast Ave. 2700 Coast Ave. 2700 Coast Ave.			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ftware subscription		
	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		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: 40/52 Rpt: 83/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date 11/15/2024	5 Payee name QuickBooks Payments			
6	Amount (\$) \$103.40	7 Payee address; City; State; Zip Code 2700 Coast Ave.			
		Mountain View, CA 94043			
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ftware subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	12/15/2024	QuickBooks Payments			
	Amount (\$) \$103.40	Payee address; City; State; Zip Code 2700 Coast Ave.			
	DUDDOGE	Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ftware subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	12/10/2024	Ruelas, Sam			
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1401 Art Dilly Dr.			
		Austin, TX 78702			
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense CONUS		
	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		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)		
-	Sch: 41/52 Rpt: 84/97	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date 12/10/2024	5 Payee name Saldivar, Myriam			
_		· · · · · · · · · · · · · · · · · · ·			
0	Amount (\$) \$500.00	 7 Payee address; City; State; Zip Code 4819 Breckenridge Dr. 			
		Houston, TX 77066			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Bonus		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	11/18/2024	Sam Houston High School PTA			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	9400 Irvington Blvd Houston, TX 77076			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Incal PTA		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/05/2024	Sanchez, Felipe			
	Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 532 Sheldon Road			
		Channelview, TX 77530			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense hbors Night Out event in district		
	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	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	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:	FILER NA	ЛЕ				3	Filer ID (Ethics Commission Filers)		
	Sch: 42/52 Rpt: 85/97		Armando L. (The F	lonorable))			00062108		
4	Date 08/30/2024	Payee nam Santucci,								
6	Amount (\$) \$2,169.06	Payee add 1412 Wal #1 Austin, T>	dorf Ave	State	; Zip Co	le				
8	PURPOSE OF EXPENDITURE		(See Categories listed at the Vages/Contract Lat		iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	C	Office sou	ıht		Office held		
	Date	Payee nam	ne							
	08/01/2024	Santucci,	Cara							
	Amount (\$) \$2,169.06	Payee add 1412 Wal #1 Austin, T>	dorf Ave	State	; Zip Co	le				
	PURPOSE OF EXPENDITURE		(See Categories listed at the Vages/Contract Lat		edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	(Office sou	Iht		Office held		
	Date	Payee nam	ne							
	10/01/2024	Santucci,	Cara							
	Amount (\$) \$2,169.06	Payee add 1412 Wal #1 Austin, T>	dorf Ave	State	; Zip Co	le				
	PURPOSE OF EXPENDITURE		(See Categories listed at the Vages/Contract Lat		iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	C	Dffice 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		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: 43/52 Rpt: 86/97	Walle Jr., Armando L. (The Honorable)	00062108								
4	Date 11/01/2024	5 Payee name Santucci, Cara									
6	Amount (\$) \$2,169.06	7 Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721									
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/13/2024	Santucci, Cara									
	Amount (\$) \$230.48	Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense n payment for staff traveling to District								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/29/2024	Santucci, Cara									
	Amount (\$) \$2,169.06	Payee address; City; State; Zip Code 1412 Waldorf Ave #1 Austin, TX 78721									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY 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		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense mittee Legal Services The Instruction Guide expl	Of Po Pr Sa	ffice Overhea olling Expens rinting Expen alaries/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			•		3	Filer ID (Ethics Commission Filers)		
-	Sch: 44/52 Rpt: 87/97		Walle Jr., Armando L. (The Honora	able)				00062108		
4	Date	5	Payee name							
	12/10/2024		Santucci, Cara							
6	Amount (\$)	7	Payee address; City; S	State; Z	Zip Code					
	\$500.00		1412 Waldorf Ave							
			#1							
			Austin, TX 78721							
8	PURPOSE				(b)	Description				
0	OF		Category (See Categories listed at the top of the Salaries/Wages/Contract Labor	his schedul		Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Salahes/Wayes/Contract Labor					officeholder living expense		
						Holiday Staff	Bo	nus		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce sought			Office held		
	Date		Payee name							
	12/31/2024		Santucci, Cara							
	Amount (\$)		Payee address; City; S	State: 7	Zip Code					
	\$2,169.06		1412 Waldorf Ave							
	\$2,100.00		#1							
		<u> </u>	Austin, TX 78721		a \					
	PURPOSE OF		Category (See Categories listed at the top of th	his schedul	le) (b)	Description	outei	de of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living expense		
						Staff Salary				
						-				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce sought			Office held		
	Date		Payee name							
	08/19/2024		Sean Teare Campaign							
	Amount (\$)			State [,] 7	Zip Code					
	\$300.00		7711 Highmeadow Dr	stato, L	.ip 0000					
	\$000.00									
			Houston, TX 77063							
	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedul	_{le)} (b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Co	ommitte	e			officeholder living expense		
						Campaign do	nat	.1011		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce 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		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)							
	Sch: 45/52 Rpt: 88/97	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 08/16/2024	5 Payee name Solomon Ortiz Campaign								
6	Amount (\$) \$500.00									
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense ate house candidate							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/04/2024	St. Leo the Great								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2131 Lauder Rd								
	DUDDOGE	Houston, TX 77039								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense nanksgiving Turkey Drive							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/20/2024	Steed, Doug								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 12503 Boreas								
		Houston, TX 77039								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense or charity BBQ Cookoff event							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 46/52 Rpt: 89/97	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 12/16/2024	Payee name TSU Foundation								
6	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 3100 Cleburne St								
	Ψ2,500.00	Houston, TX 77004								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.							
			TX, officeholder living expense							
		Donation to TL University	LIP Program at Texas Southern							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/05/2024	Target								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$21.64 1000 Nicollet Mall									
		Minneapolis, MN 55403								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Itfit new office							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/05/2024	Target								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$62.56	1000 Nicollet Mall								
		Minneapolis, MN 55403								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
		Supplies to ou	itfit new office							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CA	FEGORIES F	OR BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fei Foi Gif nmittee Lei	ent Expense es od/Beverage Expense t/Awards/Memorials Expens gal Services ne Instruction Guide ex	Office (Polling e Printing Salarie	Overhea Expens Expens S/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not list	ated Expense
1	Total pages Schedule F1:						3	Filer ID (Ethics Com	mission Filers)
1	Sch: 47/52 Rpt: 90/97		Jr., Armando L. (The Honorable)					00062108	
4	Date	Payee name							
	12/05/2024	Target							
6	Amount (\$) \$21.64	Payee address; 1000 Nicollet	Mall	State; Zip (Code				
		Minneapolis, N	MN 55403						
8	PURPOSE OF EXPENDITURE	Category _{(See C} Supplies	Categories listed at the top of	f this schedule)	(b)		I, TX,	de of Texas. Complete Schedule T officeholder living expense t new office	г.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office s	bught			Office held	
	Date	Payee name							
	12/05/2024	Target							
	Amount (\$)	Payee address;	City;	State; Zip	Code				
	\$87.13	1000 Nicollet Minneapolis, M							
	PURPOSE OF EXPENDITURE	Category _{(See C} Supplies	Categories listed at the top o	f this schedule)	(b)		ı, TX,	de of Texas. Complete Schedule T officeholder living expense t new office	г.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office s	ought			Office held	
	Date	Payee name							
	12/06/2024	Target							
	Amount (\$)	Payee address;	City;	State; Zip (Code				
	\$33.10	1000 Nicollet		, F					
		Minneapolis, N	MN 55403						
	PURPOSE OF EXPENDITURE	Category _{(See C} Supplies	Categories listed at the top of	f this schedule)	(b)		I, TX,	de of Texas. Complete Schedule officeholder living expense : New Office	r.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office s	ought			Office held	

			EXPEND	DITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Legal Services	Expense morials Expense ion Guide explains I	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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:	<u>ן ר</u> ו					3	Filer ID (Ethics Commission Filers)			
1	Sch: 48/52 Rpt: 91/97			le Jr., Armando L. (The Honorable) 00062108							
4	Date	5 F	ayee name								
	12/06/2024		arget								
6	Amount (\$) \$27.05	7 Payee address; City; State; Zip Code \$27.05 1000 Nicollet Mall Minneapolis, MN 55403									
8	PURPOSE	(a) (atogony in a second			b) Description					
0	OF		Category (See Categories lis Supplies	ted at the top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense it new Office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder na	me C	Office soug	ht		Office held			
	Date	F	ayee name								
	12/06/2024	1	arget								
	Amount (\$)	F	Payee address; City;	State;	Zip Coc	e					
	\$333.40		.000 Nicollet Mall ⁄linneapolis, MN 5540	3							
	PURPOSE OF EXPENDITURE		Category (See Categories lis Supplies	sted at the top of this scho	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense it new office			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder na	me C	Office soug	ht		Office held			
	Date	F	ayee name								
	12/07/2024		arget								
	Amount (\$)	F	Payee address; City;	State;	; Zip Coc	e					
	\$25.97	1	.000 Nicollet Mall								
		ſ	/linneapolis, MN 5540	3							
	PURPOSE OF EXPENDITURE		Category (See Categories lis Supplies	sted at the top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense it new office			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder na	me C	Office soug	ht		Office held			

			EXPENDITURE CAT	EGORIES P	OR E	SOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense hmittee Legal Services The Instruction Guide exp	Office Pollin Printir Salari	Overhe J Expen g Expe es/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Total pages Schedule F1:	2	-			2	Filer ID (Ethics Commission Filers)				
ľ	Sch: 49/52 Rpt: 92/97	[Walle Jr., Armando L. (The Honor	rable)			ľ	00062108			
4	Date	5	Payee name								
	11/26/2024		Texas House Democratic Caucus	5							
6	Amount (\$)	7	Payee address; City;	State; Zip	Code						
	\$1,500.00		PO Box 12453								
			Austin, TX 78711								
8	PURPOSE	(a)			(h) Description					
ľ	OF	(")	Category (See Categories listed at the top of Dues	this schedule)	(outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Ducs					, officeholder living expense			
						Membership	due	es			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held											
	expenditure to benefit C/OH										
⊨	Date		Payee name								
	07/24/2024		Texas Workforce Commission								
Amount (\$) Payee address; City; State; Zip Code											
	\$265.02 101 E 15th St.										
	φ200.02										
			Austin, TX 78778								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.			
						Check if Austin, TX, officeholder living expense State Payroll Taxes					
						State Payroli	Id	ixes			
L	Complete ONLY if direct		Candidate/Officeholder name	Office		+		Office held			
	expenditure to benefit C/OI			Office	ouyn	L		Once held			
⊨	Data	_									
	Date 09/12/2024		Payee name United Airlines								
				<u></u>	<u> </u>						
	Amount (\$)			State; Zip	Code						
	\$34.99		233 S. Wacker Dr.								
			Chicago, IL 60606								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Seat for flight returning from Washington D.C. after										
	child care conference										
⊢	Complete ONLY if direct	L(Candidate/Officeholder name	Office		t		Office held			
	expenditure to benefit C/Oł			Onice	Jugit						
\vdash											

			EXPE	IDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Service	ge Expense ⁄Iemorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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)				
-	Sch: 50/52 Rpt: 93/97			e Jr., Armando L. (The Honorable) 00062108						
4	Date		Payee name							
	09/12/2024		Jnited Airlines							
6	Amount (\$) \$531.54									
8	PURPOSE	(a) (Category (See Categories	listed at the top of this sch	edule)	b) Description				
	OF		Fravel Out of District		ouulo,		outside of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	ı, TX, officeholder living	g expense		
						Flight to Was	shington D.C. fo	or Child Care Conference		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder r	ame C	Dffice soug	ht	Office he	eld		
	Date		Payee name							
	09/12/2024		Jnited Airlines							
	Amount (¢)		Payee address; Cit	v: Stato:	Zip Cod	0				
	Amount (\$)			y, State,	ZIP C00	е				
	\$34.99		233 S. Wacker Dr.							
			Chicago, IL 60606							
	PURPOSE OF EXPENDITURE		Category (See Categories Travel Out of District		edule)	Check if Austin	outside of Texas. Com I, TX, officeholder living t to Washington			
						conference	-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	ame C	Office soug	ht	Office he	eld		
	Date		Payee name							
	12/23/2024	`	/argas, Jorge							
	Amount (\$)		Payee address; Cit	y; State;	Zip Cod	e				
	\$1,500.00		14707 Evergreen Or	chards Lane						
			Splendora, TX 77372	2						
	PURPOSE OF EXPENDITURE		Category _{(See Categories} Event Expense	listed at the top of this scho	edule)	Check if Austin	outside of Texas. Com I, TX, officeholder living K Off BBQ Spor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	ame C	Office soug	ht	Office he	eld		

	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 51/52 Rpt: 94/97	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 08/16/2024	5 Payee name Vincent Perez Campaign								
6		7 Payee address; City; State; Zip Code								
0	Amount (\$) \$500.00									
8	PURPOSE									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if Austin, TX, officeholder living expense Donation to state house candidate										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/12/2024	Vincent Perez Campaign								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$500.00	PO Box 71309 El Paso, TX 79917								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to state house candidate 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/18/2024	Walmart								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$47.59	608 SW 8th St								
		Bentonville, AR 72712								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense r Christmas event in district							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

				EXPENDI	TURE CATEGO	RIES FOR	вс	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instructio		Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens ages	e /Contract Labor		Transportation Travel in Distric Travel Out of D			
1	Total pages Schedule F1:	2			-				3 Filer ID (Ethics Commission Filers)				
-	Sch: 52/52 Rpt: 95/97			Jr., Armando L. (The Honorable)						00062108	(
4	Date 11/13/2024		Payee name Walmart										
6	Amount (\$) \$47.00		Payee addre 608 SW 8th Bentonville,	St	State	; Zip Co	de						
8	PURPOSE OF EXPENDITURE		Category _{(S}		ed at the top of this sch	nedule)	(b)		, TX,	officeholder livin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nam	ne (Office sou	ght			Office h	eld		
	Date		Payee name										
	08/28/2024		Worker's De	efense									
	Amount (\$) \$1,000.00		Payee addre 5604 Mano	r Rd	State	; Zip Co	de						
			Austin, TX	78723									
	PURPOSE OF EXPENDITURE		Contribution	ns/Donations	ed at the top of this sch s Made By /Political Comm		(b)		, TX,	officeholder livin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nam	ne (Office sou	ght			Office h	eld		
	Date		Payee name										
	10/17/2024		Zoom										
	Amount (\$) \$681.82		Payee addre 55 Almader 6th Floor San Jose, C	n Blvd.	State	; Zip Co	de						
	PURPOSE OF EXPENDITURE		Category _{(Si} Software	ee Categories liste	ed at the top of this sch	nedule)		Check if Austin	, TX,	officeholder livin	nplete Schedule T. g expense e subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nam	ne (Office sou	ght			Office h	eld		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction Guide explains	how to complete th	is form.	1 Total pages Schedule T Sch: 1/2 Rpt: 96/97							
2 FILER NAME				3 Filer ID (Ethics Co	mmission Filers)						
Walle Jr., Armar	ndo L. (The Honorable)			00062108							
4 Name of Contribut	or / Corporation or Labor Orga	nization / Pledgor /Payee									
Hilton											
5 Contribution / Exp				—	—						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1						
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
6 Dates of Travel	7 Name of person(s) travelir	ŋg									
Walle, Armando											
09/26/2024	8 Departure city or name of departure location09/26/2024 Houston										
00/20/2024	9 Destination city or name o	f destination location									
09/27/2024	Washington, D.C.										
10 Means of transpor	tation 11 Purpose of trav	vel (including name of con	ference, seminar, or	other event)							
Commercial Airp	10 Means of transportation Commercial Airplane11 Purpose of travel (including name of conference, seminar, or other event)White House States Convening on Child Care										
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
United Airlines											
Contribution / Expenditure reported on:											
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1										
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
Dates of Travel	Dates of Travel Name of person(s) traveling										
	Walle, Armando										
09/26/2024	Departure city or name of	departure location									
09/20/2024	Houston	f destination logation									
09/27/2024	Destination city or name o Washington, D.C.	ruesination location									
Means of transpor		vel (including name of con	ference. seminar. or	other event)							
Commercial Airp		States Convening on C		·····							
Name of Contribut	or / Corporation or Labor Orga	nization / Pledgor /Pavee									
United Airlines											
Contribution / Exp	enditure reported on:										
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1						
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
Dates of Travel	Name of person(s) travelir	ıg									
	Walle, Armando										
Departure city or name of departure location											
09/26/2024											
00/27/2024	Destination city or name o	f destination location									
09/27/2024	Washington, D.C.	ol (including name of any	foronoo cominar ar	othor overt)							
Means of transpor Commercial Airp		el (including name of con States Convening on C									
Commercial Airplane White House States Convening on Child Care											

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee						
United Airlines						
5 Contribution / Expenditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1					
Schedule F2	Schedule F4		Schedule G	Schedule H	Schedule COH-UC	
6 Dates of Travel	7 Name of person(s) traveling					
	Walle, Armando					
	8 Departure city or name of departure location					
09/26/2024	Houston					
	9 Destination city or name of destination location					
09/27/2024 Washington, D.C.						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Commercial Airplane White House States Convening on Child Care						