#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069623 3 COMMITTEE NAME **OFFICE USE ONLY** Texans For Dade Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** Post Office Box 5990 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78763 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. William F. NAME NICKNAME LAST **SUFFIX** Bill Scott STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1735 W. Cardinal Dr. STREET **ADDRESS** (Residence or Business) Beaumont, TX 77705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1735 W. Cardinal Dr. MAILING **ADDRESS** Beaumont, TX 77705 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 727-4801 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED **THROUGH** 12/31/2024 07/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/03/2026 General Special **GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Texans For Dade			00069623		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Rep. Matthew McDade "Dade" Phelan			
(Attach lists on plain	X Candidate				
paper to complete this report if necessary.)		OFFICE SOLICHT (condidate) / OFFICE HEL	D (officeholder)		
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL State Representative	D (officeriolder)		
		State Representative			
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
OPPOSE			Month	Day	Year
(Candidate or Measure)					
□ ACCICT	Measure				
(Officeholder)		DESCRIPTION			
(Officeriolder)					
15 CONTRIBUTION	1. TOTAL POLITICAL CON	L TRIBUTIONS OF \$50 OR LESS (OTHER THAN	N PLEDGES.		
TOTALS	LOANS, OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE	,	\$	\$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED			
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		<b>\$</b>	\$63,500.00
EXPENDITURE	3. TOTAL UNITEMIZED PO	I ITICAL EYDENDITI IDES			
TOTALS	3. TOTAL ONTENIZED TO	EITICAL EXI ENDITORES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES			
				\$	\$13,765.90
CONTRIBUTION	E TOTAL DOLLTICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST			
BALANCE	REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DATOFINE	\$	\$226,427.65
					*, ·-···
OUTSTANDING		UNT OF ALL OUTSTANDING LOANS AS OF	ΓHE LAST		
LOAN TOTALS	DAY OF THE REPORTIN	IG PERIOD		\$	\$175,000.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perj and correct and includes all information			
		Title 15, Election Code.			
		NAT ANGILIO	m F. Scott		
		Signature of Ca		⊃r	
AFFIX NOTARY	STAMP / SEAL ABOVE	3.g.l.ata 3 31 3 at	pa.g aaaa	<b>.</b>	
Sworn to and subscribed	hefore me, by the said	, tl	nis the		day
		n, witness my hand and seal of office.			uuy
	·				
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administeri	ing oath
e.gstare or omoor du	9 04	and the second s	01 011100		

### FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 22 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID 00069623 **Texans For Dade** 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Matthew McDade Phelan (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION X ASSIST (Officeholders only)

### **SUBTOTALS - SPAC**

# FORM SPAC COVER SHEET PG 3

4 of 22							
<b>17</b> CO	MMITTE	(Ethics Commission	n Filers)				
Tex	kans Fo	•	,				
Texans For Dade 00069623  19 SCHEDULE SUBTOTALS							
l		SCHEDULE		SUBTOTAL A	4MOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	63,500.00		
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
	Ц	(		<b>*</b>			
,		COLIEDINE D. DI EDCED CONTRIBUTIONS					
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	nR				
4.	Ш	ORGANIZATION		\$			
			TION OF				
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$			
6.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	s			
				<u> </u>			
7.		SCHEDULE E: LOANS					
′.	Ш	SCHEDULE E. LOANS		\$			
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	13,765.90		
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
10.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
11		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
11.	Ш	SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD		\$			
12.	Ш	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
14.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$			
	<u> </u>	TO FILER					
I							

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/22		
2	FILER NAME Texans For I	Dade		ı	Filer ID (Ethics Commission Fil 00069623	ers)
4	Date 12/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$15,	000.00
8	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Austin Firefighters Association PAC  Contributor address; City; State; Zip Code  Austin , TX 78752			Amount of Contribution (\$) \$10,	000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Beef PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,	000.00
	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor X out-of-state PAC (ID#: C00035006  11/13/2024 Chevron Employees PAC  Contributor address; City; State; Zip Code		200035006		Amount of Contribution (\$) \$5,	000.00
	San Ramon , CA 94583  Principal occupation / Job title (See Instructions)  Employer (See Instruction			<u> </u> 		
	Date 11/13/2024	Full name of contributor X out-of-state PAC (ID#: C Deloitte Political Action Committee  Contributor address; City; State; Zip Code  Washington, DC 20044	000211318		Amount of Contribution (\$) \$5,	000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		l				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/22		
2	FILER NAME Texans For			3	Filer ID (Ethics Commission 00069623	on Filers)
4	Date 12/13/2024			7	Amount of Contribution (\$)	\$1,500.00
_		Dallas, TX 75201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/13/2024 Friends of UT Dallas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Richardson, TX 75080  Principal occupation / Job title (See Instructions)  Employer (See Instruction					
Date Full name of contributor out-of-state PAC (ID: 12/09/2024 Hamer, Jonathan  Contributor address; City; State; Zip Code		Hamer, Jonathan			Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78735				
	Principal occu Sky Marketir	pation / Job title (See Instructions)	Employer (See Instructions President	)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_Herndon, Davin  Contributor address; City; State; Zip Code  Austin, TX 78703	)		Amount of Contribution (\$)	\$500.00
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions Self	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Conservation PAC Contributor address; City; State; Zip Code Austin, TX 78721			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/22	
2	FILER NAME Texans For I	Dade		3	Filer ID (Ethics Commission 00069623	on Filers)
4	Date 11/13/2024	<ul> <li>Full name of contributor</li></ul>	ARO PAC	7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77057				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/13/2024 Texas Alliance of Recreational Organizations TARO PAC  Contributor address; City; State; Zip Code  Houston, TX 77057			Amount of Contribution (\$)	\$500.00	
			Employer (See Instructions	)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Pawn Brokers Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	<u> </u>	Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code  Austin, TX 78704			Amount of Contribution (\$)	\$5,000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Impact, a CRH PAC Contributor address; City; State; Zip Code Austin, TX 78726			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/22	
2	FILER NAME Texans For	Dade		3	Filer ID (Ethics Commissi 00069623	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,000.00
		Cedar Park, TX 78613				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/13/2024 The Continuum Fund of Zachry Holdings Inc., PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78221				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: Zachry Construction Corp PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/14 Rpt: 9/22	Texans For Dade 00069623
4	Date	5 Payee name
	10/13/2024	Chevron - Fairfield
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.26	500 I-45
		Fairfield, TX 75840
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel for travel from Dallas campaign events to the
		district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/21/2024	Chevron - Nederland
_	Amount (\$)	Payee address; City; State; Zip Code
	\$74.33	3327 N Twin City Hwy
	Ψ1 7.00	3327 N TWIII Gity Hwy
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for political travel in district
		T dol for political district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/23/2024	Del Valle Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.03	3132. E. SH 71 SVRD EB
		Del Valle, TX 78617
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for travel from Austin back to district
		Fuel for travel from Austin back to district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica		nmittee	Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Instruction G	Guide explains l	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/14 Rpt: 10/22		Texans For	Dade						00069623		
4	Date	5	Payee name					•				
	07/01/2024		Exxpress M	art								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$71.99		910 South N		•	·						
				•								
			Beaumont,	TX 77707								
8	PURPOSE	(2)					(h)	Description				
0	OF	<sup>(a)</sup>	Travel In Di	e Categories listed at	the top of this sche	edule)	(D)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Havel III Di	Strict				<b>=</b>		officeholder livin		
								Fuel for politic	cal	travel in dis	trict	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/22/2024		Flying J - Br	ookshire								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	de					
	\$68.01		204 Waller	•	•	·						
	, , , ,											
			Brookshire,	TX 77423								
	PURPOSE	(2)					(h)	Description				
	OF	ره) ا	Travel Out of	e Categories listed at	the top of this sche	edule)	(D)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		riavei Out C	n District				<b>=</b>		officeholder living		
									l ba	ack to the di	istrict after poli	tical
								meetings				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/29/2024		GMC Finan	cial								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,393.90		P.O. Box 99	605								
			Arlington, T	x 76096								
	PURPOSE	(a)		e Categories listed at	the ten of this color	adula)	(b)	Description				
	OF	``'		on Equipment			(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense					Check if Austin,	TX,	officeholder living	g expense	
								Lease payme	nt	for campaig	n automobile	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	п										

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
•	Sch: 3/14 Rpt: 11/22	Texans For Dade 00069623
4	Date	5 Payee name
	08/28/2024	GMC Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Lease for campaign automobile
		Lease for campaign automobile
_	Operation ONE VIII II	Our History (Office In Alders and Annual Control of Con
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/30/2024	GMC Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Lease payment for campaign vehicle
		Louis payment for sampaign venior
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/28/2024	GMC Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Lease for earripaight vernicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 12/22	Texans For Dade 00069623
4	Date	5 Payee name
	11/29/2024	GMC Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Lease payment for campaign vehicle
		20000 pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/30/2024	GMC Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Lease payment for sampaign vernore
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies warms
	Date 10/15/2024	Payee name Go Daddy Inc.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.16	14455 N. Hayden Rd
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domain hosting expense for campaign web site
		Domain nosting expense for campaign web site
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	·	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 13/22	Texans For Dade 00069623
4	Date	5 Payee name
	10/02/2024	JW Marriot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$628.18	23808 Resort Pkwy
		San Antonio, TX 78261
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging for legislative caucus event
		Eddying for legislative eddeds event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
	09/09/2024	Payee name
		Jack's Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.98	7120 Bayway Drive
		Baytown, TX 77520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Fuel for travel to Austin for political meetings
		Fuel for traver to Austin for political meetings
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/02/2024	Jack's Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.98	7120 Bayway Drive
		Baytown, TX 77520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for travel to Austin for political events
		i del loi davei to Austin loi politicai events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 14/22	Texans For Dade 00069623
4	Date	5 Payee name
	12/19/2024	Jack's Grocery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.65	7120 Bayway Drive
		Baytown, TX 77520
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel for political travel to Austin
		Tao To political diavol to Atactili
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/01/2024	Kathy's Corner
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.98	9027 Southeast
		Sealy, TX 77474
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for travel from House GOP Caucus meeting in
		Bastrop
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/16/2024	Kroger Fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.31	3845 Phelan Blvd
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel for political travel in the district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 7/14 Rpt: 15/22	Texans For Dade 00069623			
4	Date	5 Payee name			
	08/07/2024	Kroozin Market			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$73.80	8430 Phelan Blvd			
		Beaumont, TX 77706			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Fuel for political travel in the district			
		Passing passed acres in the district			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Payee name			
	08/12/2024	Mr. Exxpress			
	Amount (\$)				
	\$72.34 510 I-10				
		Beaumont, TX 77702			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Fuel for political travel in district			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	08/30/2024	Mr. Exxpress			
		·			
	Amount (\$) \$62.00	Payee address; City; State; Zip Code 510 I-10			
	Φ02.00	510 1-10			
		D TV 77700			
		Beaumont, TX 77702			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Fuel for political travel in the district			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF				

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 16/22	Texans For Dade 00069623
4	Date	5 Payee name
	09/13/2024	Mr. Exxpress
6	` ,	7 Payee address; City; State; Zip Code
	\$76.96	510 I-10
		Beaumont, TX 77702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel for political travel in district
		· ·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	<del>1</del>
	Date	Payee name
	09/20/2024	Mr. Exxpress
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	510 I-10
		Beaumont, TX 77702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel for political travel in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	09/25/2024	Mr. Exxpress
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.87	510 I-10
		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for political travel in district
		Tach for political diaver in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 9/14 Rpt: 17/22	Texans For Dade		00069623		
4	Date	5 Payee name		•		
	09/09/2024	Omni PGA Frisco				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$155.08	341 PGA Pkwy				
		Frisco, TX 75033				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.		
	LAFENDITORE			Check if Austin, TX, officeholder living expense		
				Dinner for staff and members at Republican State Leadership Council conference		
_			<u>.                                    </u>	·		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held		
	Date	Payee name				
	07/30/2024	Porky's Gas Station				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$74.06	\$74.06 1585 Calder Ave				
		Beaumont, TX 77701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officenoider living expense					
		Fuel for political travel in the district				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI		giit	Office field		
_	Date	Pausa nama				
	08/23/2024	Payee name Porky's Gas Station				
		•				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$74.06	1585 Calder Ave				
		. =\/===4				
		Beaumont, TX 77701				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
				Fuel for political travel in the district		
				•		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ght	Office held		
	expenditure to benefit C/OI		J -			

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 18/22	Texans For Dade 00069623
4	Date	5 Payee name
	10/21/2024	Porky's Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.34	1585 Calder Ave
		Beaumont, TX 77701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for political travel in district
		r del foi political travel in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	10/31/2024	Porky's Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.80	1585 Calder Ave
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for political travel in district
		Fuel for political travel in district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 11/06/2024	Payee name Porky's Gas Station
		2
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.90	1585 Calder Ave
		Beaumont, TX 77701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for travel to Austin
		i del loi davel lo Austili
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 11/14 Rpt: 19/22	Texans For Dade 00069623		
4	Date	5 Payee name		
	11/12/2024	Porky's Gas Station		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$74.34	1585 Calder Ave		
	!			
		Beaumont, TX 77701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
	!	Check if Austin, TX, officeholder living expense  Fuel for travel to Houston for campaign event		
	1	Tach for travel to Houston for earnpaight event		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
_	Data			
	Date	Payee name		
	12/11/2024	Porky's Gas Station		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$74.34 1585 Calder Ave			
	!			
	l	Beaumont, TX 77701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
	!	Fuel expense for political travel in district		
	0 1: 0:11:4"			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H		
	Date	Payee name		
	09/30/2024	Prasek's Hillje Smokehouse		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$71.29	2949 Interstate 10 Frontage Rd		
	!			
	l	Sealy, TX 77474		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
	1	Fuel for travel to Austin		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
	experialitate to beliefit 6/01	<u> </u>		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 12/14 Rpt: 20/22	Texans For Dade	00069623
4	Date 07/01/2024	5 Payee name RPSA	
6	Amount (\$) \$735.00	7 Payee address; City; State; Zip Code 755 E. Mulberry, Suite 200 San Antonio , TX 78212	
8	PURPOSE OF EXPENDITURE	Legal Get vices	utside of Texas. Complete Schedule T. TX, officeholder living expense s for campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/30/2024	Payee name RPSA	
	Amount (\$) \$1,261.28	Payee address; City; State; Zip Code 755 E. Mulberry, Suite 200  San Antonio , TX 78212	
	PURPOSE OF EXPENDITURE	Legal Services	utside of Texas. Complete Schedule T. TX, officeholder living expense s for campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/12/2024	Payee name Shell - Buna	
	Amount (\$) \$83.19	Payee address; City; State; Zip Code 35043 US-96	
		Buna, TX 77612	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense al travel in district
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	rms provided by Tayas F		V
-	THE DROUGOD BY LOVAC L	hice Commission www.athice state ty us	Version V// 1.0 Edd2ace2

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omple	te this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 13/14 Rpt: 21/22	Texans For Dade			00069623	
4 Date	5 Payee name		'		
10/09/2024	Speedy Stop				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$71.90	28015 Southwest Fwy				
	Rosenberg, TX 77469				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Travel Out of District		Check if travel outsi		
			Check if Austin, TX,		g expense district to discuss priority
			legislation	illellibel 3	district to discuss priority
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht		Office h	eld
expenditure to benefit C/O		9			
Date	Payee name				
11/18/2024	Texas Monthly				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$30.00	816 Congress Ave				
	3				
	Austin, TX 78701				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Office Overhead/Rental Expense	`´	Check if travel outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	'		Check if Austin, TX		
			Annual subscrip	tion fee for p	political purposes
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office h	old
expenditure to benefit C/O		ugni		Office II	ciu
Date	Poves name				
07/01/2024	Payee name The Broadmoor				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$414.50	1 Lake Ave	ouc			
Ψ11-1.00	1 Lane 7 We				
	Colorado City , CO 80906				
PURPOSE	,	(h)	Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(5)	Description  Check if travel outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	Travel out of Bistrict		Check if Austin, TX	officeholder living	g expense
					ociation of General
			Contractors Ann		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office h	eld
experionare to benefit C/O	<u>'</u>				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethic	cs Commission Filers)				
	Sch: 14/14 Rpt: 22/22	Texans For Dade 00069623					
4	Date	5 Payee name					
	10/16/2024	The Dock					
6	Amount (\$) \$28.19	7 Payee address; City; State; Zip Code 211 S Akard St  Dallas, TX 75202					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Sc Check if Austin, TX, officeholder living expens Dinner after campaign events in E	se				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH					
Г	Date	Payee name					
	12/05/2024	Uptown Sports Club					
	Amount (\$) \$233.40	Payee address; City; State; Zip Code  200 E 6th St  Austin, TX 78702					
┝	PURPOSE						
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Sco  Check if Austin, TX, officeholder living expens  Meeting with members to discuss	se				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH					