FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00041364 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Darlene NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Byrne CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 402 West 7th Street MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78701 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Diane NAME NICKNAME LAST **SUFFIX** Land STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 210 Lavaca St. **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-2020 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Appeals, Chief Justice District 3

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GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Byrne, Darlene (The	Honorable)	14 Filer ID 00041364	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this informa-	out the candidate's or offic	ceholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAM				
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
	1 TOTAL INITERA	ZED POLITICAL CONTRIBUTIONS(OTHER T				
16 CONTRIBUTION TOTALS	I .	ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LC	ANS)	\$ 0.00		
EXPENDITURE TOTALS						
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 22,178.87		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 93,365.39				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		l swear, or affirm, under per true and correct and include under Title 15, Election Coc	s all information required			
		The H	onorable Darlene Byrn	ne		
		Signatur	e of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath		

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 10 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Byrne, Darlene (The Honorable) 00041364 **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 13,186.71 \$ 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 \$ 8,992.16 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

\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	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: 1/2 Rpt: 4/10	Byrne, Darlene (The Honorable)	00041364	
4	Date	5 Payee name		<u> </u>
	11/11/2024	Byrne, Darlene		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$5,492.16	402 West 7th Street		
		Austin, TX 78701		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				reimbursement for campaign expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	08/06/2024	Byrne, Darlene		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2,500.00	402 West 7th Street		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				reimbursement for campaign expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/16/2024	Byrne, Darlene		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,000.00	402 West 7th Street		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement		Check if Austin, TX, officeholder living expense
				reimbursement for campaign expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 2/2 Rpt: 5/10	2 FILER NAME Byrne, Darlene (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041364
4	Date	5 Payee name
	07/16/2024	Byrne, Darlene
6	Amount (\$) \$1,644.55	7 Payee address; City; State; Zip Code 402 West 7th Street Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement for campaign expenses
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2024	CASA of Travis County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	7600 Chevy Chase Dr, Ste 200
	DUDDOG	Austin, TX 78752
	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 Sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2024	HBAA Charitable Foundation
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 12692
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District
	Credit Card Fayinent	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 6/10	Byrne, Darlene (The Honorable)	00041364
4	Date	5 Payee name	-
	10/01/2024	Austin Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	716 West 16th Street	
	Reimbursement from		
	X political contributions intended	Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	-	Candidate/Officeholder/Political Committee Donation	
9		Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	10/01/2024	Christi Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$156.00	2306 Hancock Dr.	
	Reimbursement from		
	x political contributions intended	Austin, TX 78756	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Candidate/Officeholder/Political Committee Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	10/31/2024	Christi Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$105.00	2306 Hancock Dr.	
	Reimbursement from		
	x political contributions intended	Austin, TX 78756	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	LAFENDITURE	Candidate/Officeholder/Political Committee Donation	
		Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OH		
_			
1			

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
Great Gara Fayment			The Instruction Guide explains	how to co	omplete this form.					
1	1 Total pages Schedule G: 2 FILER NAME					3 F	iler ID	(Ethics Commission Filers)		
	Sch: 2/5 Rpt: 7/10	Byrne, Darl	ene (The Honorable)				0004136	54		
4	Date	5 Payee name								
	10/14/2024	Custom Ink								
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode					
	\$297.80	11821 Roc	k Rose Ave Suite 150							
	Reimbursement from									
	X political contributions intended	Austin, TX	78758							
8	PURPOSE		ee Categories listed at the top of this sch	odulo)	(b) Description	Che	ock if travel o	outside of Texas. Complete Schedule T.		
١	OF	1	s/Memorials Expense	edule)	(b) Description	=		TX, officeholder living expense		
	EXPENDITURE	Gill/Awaius	invertionals Expense		holiday gifts for s	⊐ staff				
					Tronday girls for s	Juli				
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit	Carraractor Cinico	noidel flame		Omeo cougin			Cilido Hold		
	C/OH									
	Date	Payee name								
	10/12/2024	Etsy.com								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$142.65	117 Adams	Street							
	Reimbursement from									
	x political contributions intended	Brooklyn, N	IY 11201							
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense			Che	ck if Austin,	TX, officeholder living expense		
	EXI ENDITORE				holiday gifts for s	staff				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	Data									
	Date 10/21/2024	Payee name								
		Lizzylu								
	Amount (\$)	Payee addre	•	Zip Co	ode					
	\$96.07	3300 Bee C	Caves Rd Suite 240							
	Reimbursement from political contributions									
	intended	Austin, TX	78746							
	PURPOSE OF	1	ee Categories listed at the top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T.		
	EXPENDITURE	Gift/Awards	s/Memorials Expense		L L	_		TX, officeholder living expense		
					birthday gifts for	staff				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held		
	C/OH									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Vages/Contract Labor		OTHER (enter a category not listed above)
			The Instruction Guide explains how to co	omplete this form.		
1	· -	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 8/10		Byrne, Darlene (The Honorable)			00041364
4	Date	5	Payee name			
	10/21/2024		Maudie's			
6	Amount (\$)	7	Payee address; City; State; Zip Co	nde:		
-	\$80.00		2608 W 7th St			
	Reimbursement from					
	X political contributions intended		Austin TV 70702			
		ļ.,	Austin, TX 78703	I	_	
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense	L	_	heck if Austin, TX, officeholder living expense
				staff lunch		
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					
	Date	Т	Davis many		_	
	10/21/2024		Payee name Nothing Bundt Cakes			
		┡				
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$30.00		2785 Bee Cave Rd.			
	Reimbursement from political contributions		Ste. 333			
	intended		Austin, TX 78746			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description [=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		CI	heck if Austin, TX, officeholder living expense
				birthday cake for	sta	aff
	•	Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_			=	
	Date		Payee name			
	10/24/2024	L	Revolution Youth & Family Recovery			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$515.25		2007 University Drive			
	Reimbursement from					
	X political contributions intended		Austin, TX 78705			
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Consulting Expense		C	heck if Austin, TX, officeholder living expense
	EXPENDITORE			Donation		
		Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	O/OIT					

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 9/10		Byrne, Darlene (The Honorable)			00041364
4	Date	5	Payee name			
	09/19/2024		Texas Center for the Judiciary			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$1,200.00		1210 San Antonio, Ste. 800			
	Reimbursement from political contributions intended		Austin, TX 78701			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Contributions/Donations Made By			Check if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Commit	tee	Dues	
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	07/31/2024		Travis County Democratic Party			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$2,500.00		1311 E 6th St #B			
	Reimbursement from political contributions intended		Austin, TX 78702			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttee	Contribution	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date	Г	Payee name			
	08/06/2024		Travis County Democratic Party			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$2,500.00		1311 E 6th St #B			
	Reimbursement from political contributions intended		Austin, TX 78702			
	PURPOSE	Г	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttee	Contribution	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee	Legal Services The Instruction Guide explain		/ages/Contract Labor mplete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule G:	2 FILER NAN	1E			3	Filer ID (E	thics Commission F	ilers)
	Sch: 5/5 Rpt: 10/10	Byrne, Da	rlene (The Honorable)				00041364		
4	Date	5 Payee nam	е						
	07/16/2024	Travis Co	unty Democratic Party						
6	Amount (\$)	7 Payee add	ess; City; Stat	e; Zip Co	de				
	\$1,000.00	1311 E 6t	n St #B						
	Reimbursement from								
	X political contributions intended	Austin, TX	78702						
8	PURPOSE OF	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description	=		de of Texas. Complete Sc	
	EXPENDITURE		ons/Donations Made By		l	Cr	neck if Austin, TX,	officeholder living expense	е
		Candidate	/Officeholder/Political Com	mittee	Contribution				
9	Complete ONLY if direct	Candidate/Offic	aholder name		Office sought			Office held	
	expenditure to benefit	Candidate/Onic	enoluei name		Office Sought		O	niice neid	
	C/OH								
	Date	Payee nam	е						
	10/01/2024	Travis Co	unty Women Lawyers Foun	dation					
	Amount (\$)	Payee addı	ress; City; Stat	e; Zip Co	de				
	\$103.00	PO Box 1	60334						
	Reimbursement from political contributions								
	X political contributions intended	Austin, TX	78716						
	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	_		de of Texas. Complete Sc	
	OF EXPENDITURE		ons/Donations Made By			Ch	neck if Austin, TX,	officeholder living expense	е
		Candidate	/Officeholder/Political Com	mittee	Donation				
	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought		C	Office held	
	C/OH								
	Date	Payee nam	e						
	10/27/2024	Via 313							
	Amount (\$)	Payee addı	ess; City; Stat	e; Zip Co	de				
	\$116.39	1802 E 6t	n St						
	Reimbursement from								
	X political contributions intended	Austin, TX	78702						
	PURPOSE		(See Categories listed at the top of this so	chedule)	Description	_		de of Texas. Complete Sc	
	OF EXPENDITURE	Food/Bev	erage Expense			Ch	neck if Austin, TX,	officeholder living expense	е
					office luncheon				
	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought		О	Office held	
	C/OH								
•									