#### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

3       COMMITTEE NAME       Agave Democratic Infrastructure Fund       Date Received         4       COMMITTEE       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE       Date Hand-delivered or Date Postmarked         PO Box 50317       Po Box 50317       Date Address       Date Name       Date Postmarked         Change of Address       Austin, TX 78763       Mit Manut       Date Processed       Date Imaged         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         NICK/NAME       Nathan       NICK/NAME       EVENT	
Agave Democratic Infrastructure Fund Agave Democratic Infrastructure Fund Agave Democratic Infrastructure Fund ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50317 Austin, TX 78763 Austin, TX 78763 Austin, TX 78763 MS / MRS / MR FIRST Mr. Nathan MS / MRS / MR NATHAR	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     PO Box 50317     Change of Address     Austin, TX 78763     Austin, TX	
4       COMMITTEE ADDRESS       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50317       Date Hand-delivered or Date Postmarked         Image: Change of Address       Austin, TX 78763       Receipt #       Amount         Image: Date Processed       Date Processed       Date Imaged         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST Mr.       Nathan	
4       COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50317       Date Hand-delivered or Date Postmarked         Image of Address       Austin, TX 78763       Image delivered or Date Postmarked         Image of Address       Austin, TX 78763       Image delivered or Date Postmarked         Image of Address       Mission (Mission (Missin (Missin (Mission (Missin (Mission (Mission (Mission	
ADDRESS PO Box 50317 Change of Address Austin, TX 78763 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST NAME MS / MRS / MR Nathan	
Change of Address       Austin, TX 78763       Date Hand-delivered or Date Postmarked         Receipt #       Amount         Date Processed       Date Imaged         Date Imaged       MI         TREASURER       Mr.         NAME       Nathan	
Change of Address       Austin, TX 78763       Receipt # Amount         Date Processed       Date Processed         Date Imaged       Date Imaged         5       CAMPAIGN TREASURER NAME       MI         Mr.       Nathan	
Austin, TX 78763       Receipt # Amount         Date Processed       Date Imaged         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI	
S       CAMPAIGN TREASURER NAME       MS / MRS / MR FIRST Mr.       FIRST Nathan	
5     CAMPAIGN TREASURER NAME     MS / MRS / MR     FIRST     MI	
5     CAMPAIGN TREASURER NAME     MS / MRS / MR     FIRST     MI	
5     CAMPAIGN TREASURER NAME     MS / MRS / MR     FIRST     MI	
5     CAMPAIGN TREASURER NAME     MS / MRS / MR     FIRST     MI	
TREASURER NAME Mr. Nathan	
TREASURER NAME Mr. Nathan	
NAME Mr. Nathan	[
	[
	ſ
NICKNAME LAST SUFFIX	
Ryan	[
	[
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP C	
	JUE
STREET 1307 West 39th 1/2 Street	ſ
ADDRESS	ſ
(Residence or Business) Austin, TX 78756	ĺ
7 CAMPAIGN STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP C	DE
TREASURER MAILING 1307 West 39th 1/2 Street	ſ
ADDRESS	ſ
	ſ
Change of Address Austin, TX 78756	l
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION	
TREASURER (661) 904-4013	[
PHONE (001) 904-4013	l
9 REPORT X January 15 30th day before election Dissolution (Attach PAC-DR)	
9     REPORT     X     January 15     30th day before election     Dissolution (Attach PAC-DR)	l
8th day before election 10th day after campaign treasurer	[
July 15 Grand Runoff	[
	ſ
10 PERIOD Month Day Year Month Day Year	
COVERED 10/27/2024 THROUGH 12/31/2024	[
	ſ
11 ELECTION DATE ELECTION TYPE	
Month Day Year Primary Runoff Other	ľ
	l
GO TO PAGE 2	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dc	

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Agave Democratic Infra	structure Fund		00088096				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)							
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	The Honorable Ann Johnson S	State Represe	entative			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	154,918.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00				
	\$	249,456.87					
CONTRIBUTION BALANCE	DAY \$	179,941.31					
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00			
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.					
		Mr. Nath	nan Ryan				
		Signature of Car	mpaign Treasui	rer			
AFFIX NOTARY	STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said, this the day						
01	of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2			

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

ADDENDUM Page 3 of 30

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Agave Democratic Infra	structure Fund				00088096	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Su	pported			
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	pported			
		B. Op	posed			
	3. Officeholders Assisted (Identify by name or, if			The Honorable John Bucy State	Representative	2
	applicable, classify by party.)	A C	un outo d			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Su	pported			
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported			
		В. Ор	posed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			The Honorable Cesar Blanco Sta	ate Senator	
COMMITTEE	1. Candidates	A. Sup	pported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Op	posed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported			
		B. Op	posed			
	3. Officeholders Assisted (Identify by name or, if			The Honorable Eddie Morales S	tate Represent	ative
	applicable, classify by party.)			athias atota tu us		

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

Page 4 of 30

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Agave Democratic Infra	structure Fund			00088096	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		The Honorable Erin Gamez Stat	e Representati	ve
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Chris Hollins Houston City Contr	oller	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		The Honorable James Talarico S	State Represer	tative
	applicable, classify by party.)				

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

Page 5 of 30

					1 4.90 0 01 00
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Agave Democratic Infra	structure Fund			00088096	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		The Honorable Elizabeth Beck F	W City Counci	Ι
	applicable, classify by party.)	A Currented			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if	A. Supported			
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Christian Menefee Harris Count	y Attorney	

### FORM GPAC COVER SHEET PG 3 6 of 30

17 COMMITT	(Ethics Commission Filers)							
Agave De								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
	SCHEDULE							
1. X	<b>\$</b> 154,918.00							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION							
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 249,456.87					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
15.	\$							

**SUBTOTALS - GPAC** 

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 7/30	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		poratic Infrastructure Fund			00088096	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/30/2024	Ashley, Patricia				\$10.00
		6 Contributor address; City; State; Zip Code				
		North Bend, OR 97459				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not employe	d	Not employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/30/2024	Bierens, Jerry				\$5.00
		Contributor address; City; State; Zip Code				
		Milford, MI 48381				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/04/2024	Bronstein, Dale				\$5.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76112	·			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Wine Mercha	ant	Mr.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/29/2024	Brownscombe, Tom				\$5.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	20	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/01/2024	Brownscombe, Tom				\$5.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	2d	Not Employed			

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 2/9 Rpt: 8/30
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ocratic Infrastructure Fund		00088096
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	11/01/2024	Brownscombe, Tom		\$5.00
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77005		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Not Employe	ed	Not Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/29/2024	Brownscombe, Tom		\$5.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77005		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Not Employe	ed	Not Employed	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/19/2024	Candelaria, Kathy		\$25.00
		Contributor address; City; State; Zip Code		1
		Grapevine, TX 76051	I	
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Not Employe	3d	Not Employed	
	Date		)	Amount of Contribution (\$)
	11/30/2024	Candelaria, Kathy		\$25.00
		Contributor address; City; State; Zip Code		
		Grapevine, TX 76051		
$\vdash$	Brincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Not Employe		Not Employed	5)
╞				I (A)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/29/2024	Chu, Andrew		\$5.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77008		
⊢	Bringinal occu		Employor (Soo Instructions	<u> </u>
	Attorney	upation / Job title (See Instructions)	Employer (See Instructions Craft Chu PLLC	>)
┝	Allomey			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/9 Rpt: 9/30	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	ocratic Infrastructure Fund		00088096	0)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/29/2024	Chu, Andrew		9	\$5.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77008			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)	
Attorney		Craft Chu PLLC		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/29/2024	Chu, Andrew	······································		\$5.00
	Houston, TX 77008			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	)	
Attorney		Craft Chu PLLC	, ,	
Date	Full name of contributor out-of-state PAC (ID#:	l	Amount of Contribution (\$)	
10/31/2024	Full name of contributor out-of-state PAC (ID#: Cohen, William	)	Amount of Contribution (\$)	25.00
10/31/2024			Φ2	25.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77068			
Drinoinal agai		Employer (See Instructions	N .	
Philopai occu Physician	ipation / Job title (See Instructions)	self	)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/02/2024	Cohen, William		9	\$5.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77068			
-	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician		self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/31/2024	Cook, James		9	\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723-3287			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
IT Manager		Austin ISD		

	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 10/30	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Agave Demo	pcratic Infrastructure Fund				00088096	,
4	Date	5 Full name of contributor out-of-state PAC (	ID#:	)	7	Amount of Contribution (\$)	
	12/09/2024	Coxe, Simone Otus				\$1	150,000.00
		6 Contributor address; City; State; Zip Code					
		West Lake Hills, TX 78746					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	)		
ľ	Retired			NA	,		
⊨	Date	Full name of contributor Out-of-state PAC (	ID#:	)		Amount of Contribution (\$)	
	11/30/2024	Dewees, Verna					\$10.00
		College Stat, TX 77845					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired			Retired			
	Date	Full name of contributor 🛛 out-of-state PAC (	ID#:	)		Amount of Contribution (\$)	
	10/28/2024	Dooley, Winnie					\$800.00
		Contributor address; City; State; Zip Code					
		Burbank, CA 91505					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	writer			Winifred Dooley			
	Date		ID#:	)		Amount of Contribution (\$)	
	11/02/2024	Dooley, Winnie					\$2,500.00
		Contributor address; City; State; Zip Code					
		Burbank, CA 91505					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	writer			Winifred Dooley			
╞	Date	Full name of contributor 🔲 out-of-state PAC (	ID#:	)		Amount of Contribution (\$)	
	11/05/2024	Erman, Robert					\$5.00
		Contributor address; City; State; Zip Code					
L		Bridgeport, CT 06604					
		pation / Job title (See Instructions)	T	Employer (See Instructions	)		
	Not Employe	ed		Not Employed			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 11/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Agave Demo	ocratic Infrastructure Fund		1 I	00088096	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/05/2024	Erman, Robert				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Bridgeport, CT 06604				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/30/2024	Kozma, Andrew				\$10.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77019				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Adjunct Prof	essor	University of Houston			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/04/2024	Kyba, Ferne				\$50.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78731				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not employe	d	Not employed			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/07/2024	Leaf, Erika				\$100.00
		Contributor address; City; State; Zip Code		1		
		Eugene, OR 97405	·			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	20	Not Employed			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/07/2024	Leaf, Erika				\$100.00
		Contributor address; City; State; Zip Code		1		
L		Eugene, OR 97405	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Not Employe	ed	Not Employed			

-						
	The Instru	ction Guide explains how to complete t	his form.	1	1 Total pages Schedule A1: Sch: 6/9 Rpt: 12/30	
2	FILER NAME			:	3 Filer ID (Ethics Commissio	n Filers)
		cratic Infrastructure Fund			00088096	,
4	Date     5     Full name of contributor     out-of-state PAC (ID#:)			) 7	7 Amount of Contribution (\$)	
	12/13/2024	Lout, Sharon				\$50.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77018				
8	Princinal occu	pation / Job title (See Instructions)	9 Employer (See	Instructions)		
ľ	Not employe		Not employed			
╞	Date				Amount of Contribution (\$)	
	11/22/2024	McCants, Michael	(ID#:	)		\$25.00
	11/22/2024					Ψ23.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Not employe	d	Not employed			
╞	Date	Full name of contributor 🔲 out-of-state PAC	(ID#:	)	Amount of Contribution (\$)	
	12/17/2024	McCants, Michael				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731				
	-	pation / Job title (See Instructions)	Employer (See			
	Not employe	d	Not employed			
	Date		(ID#:	)	Amount of Contribution (\$)	
	12/05/2024	McGowan, Gregory				\$250.00
		Contributor address; City; State; Zip Code				
		Los Angeles, CA 90066				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Director		TED			
⊨	Date	Full name of contributor Out-of-state PAC	(10#)	<u>,  </u>	Amount of Contribution (\$)	
	11/01/2024	Miles, Matthew	(ID#	)		\$25.00
	11,01,2021	Contributor address; City; State; Zip Code				¢20.00
		Euless, TX 76039-1750				
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	GIS Applicat	ions Administrator	EOG Resourc	es, Inc.		
1						

The Instruction Guide explains	1 Total pages Schedule A1: Sch: 7/9 Rpt: 13/30			
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
Agave Democratic Infrastructure Fu	00088096	,		
4 Date 5 Full name of contribute	or out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/03/2024 Morey, Roy				\$6.00
6 Contributor address; 0	City; State; Zip Code			
Fort Davis, TX 7973				
8 Principal occupation / Job title (See Instru	uctions)	9 Employer (See Instructions	3)	
Not Employed		Not Employed		
Date Full name of contribute	or out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/27/2024 Neumann, David				\$250.00
Contributor address; (				
Lake Oswego, OR S	7035			
Principal occupation / Job title (See Instru	ictions)	Employer (See Instructions	3)	
Engineer		Apple		
Date Full name of contribute	or out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/27/2024 Ohlendorf, George				\$5.00
Contributor address; (	Contributor address; City; State; Zip Code			
Georgetown, TX 78	528	-		
Principal occupation / Job title (See Instru	uctions)	Employer (See Instructions	3)	
Not Employed		Not Employed		
Date Full name of contribute	or out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2024 Pyle, Suanne				\$10.00
Contributor address; (	City; State; Zip Code			
Boerne, TX 78006		i		
Principal occupation / Job title (See Instru	ictions)	Employer (See Instructions	5)	
Not Employed		Not Employed		
Date Full name of contribute	or out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/10/2024 Pyle, Suanne				\$10.00
Contributor address; (	City; State; Zip Code			
Boerne, TX 78006		i		
Principal occupation / Job title (See Instru-	uctions)	Employer (See Instructions	3)	
Not Employed	Not Employed Not Employed			

	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 8/9 Rpt: 14/30	
2	2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Agave Demo	ocratic Infrastructure Fund		00088096	
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of Contribution (\$)	
	11/20/2024	Rodriguez, Norma			\$6.00
		6 Contributor address; City; State; Zip Code			
	Dringinglaggy	San Antonio, TX 78201			
8	Not Employe	ipation / Job title (See Instructions)	9 Employer (See Instructions Not Employed	IS)	
				1	
	Date		(ID#:)	Amount of Contribution (\$)	<b>*</b> ••••
	12/20/2024				\$6.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78201			
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Not Employe		Not Employed	15)	
				Amount of Contribution (\$)	
	Date 10/29/2024	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)	\$25.00
	10/29/2024				\$23.00
		Contributor address; City; State; Zip Code			
		Houston, TX 77058			
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	I IS)	
	Not Employe		Not Employed	,	
	Date	Full name of contributor Out-of-state PAC (	(ID#: )	Amount of Contribution (\$)	
	11/19/2024	Wilkerson, Karen			250.00
		· ·			
		Tyler, TX 75711			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)	
	Not Employe	ed	Not Employed		
	Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)	
	12/29/2024	Wilkerson, Karen		\$2	250.00
		Contributor address; City; State; Zip Code			
		Tyler, TX 75711	i		
		ipation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Not Employe	30	Not Employed		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/9 Rpt: 15/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Agave Democratic Infrastructure Fund 00088096 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 12/23/2024 \$10.00 Williams, Elizabeth 6 Contributor address; City; State; Zip Code Anchorage, AK 99501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Home Strategies **Communications Associate** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/07/2024 \$10.00 laughlin, ginny Contributor address; City; State; Zip Code Richardson, TX 75080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Broker Self

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/Reinbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food//Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/15 Rpt: 16/30	Agave Democratic Infrastructure Fund 00088096			
4 Date	5 Payee name			
12/29/2024	ActBlue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$10.48	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
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			
	Credit Card Processing Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/22/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.64	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fee</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/15/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.38	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fee</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Rep Fees Office Ow Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/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: 2/15 Rpt: 17/30	Agave Democratic Infrastructure Fund		00088096		
4 Date	5 Payee name				
12/08/2024	ActBlue				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$14.03	366 Summer Street				
Expenditure from corporate funds	Somerville, MA 02144				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.		
		Credit Card Proc	officeholder living expense		
		Credit Card 1100			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	ght	Office held		
Date	Payee name				
12/01/2024	ActBlue				
		ada.			
Amount (\$)		Jue			
\$2.19	366 Summer Street				
Expenditure from corporate funds	Somerville, MA 02144				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense cessing Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	ght	Office held		
Date	Payee name				
11/24/2024	ActBlue				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$12.10	366 Summer Street				
Expenditure from corporate funds	Somerville, MA 02144				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense cessing Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	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	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/15 Rpt: 18/30	Agave Democratic Infrastructure Fund 00088096			
4 Date	5 Payee name			
11/10/2024	ActBlue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7.13	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense			
	Credit Card Processing Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/03/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Code			
\$135.56	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fee</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/27/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Code			
\$17.01	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fee</li> </ul> </li> </ul>			
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 Ma Candidate/Officeholder/P Credit Card Payment		F F G Committee L	vent Expense ees ood/Beverage Expense ift/Awards/Memorials E egal Services <b>The Instruction Guid</b>	xpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule	F1: 2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 4/15 Rpt: 19/3			cratic Infrastruc	ture Fund				00088096	
4 Date	5	Payee name							
10/29/2024		Amalgamate	d Bank						
6 Amount (\$)	7	Payee address	s; City;	State;	; Zip Coo	le			
\$1.	50	275 Seventh	Avenue						
Expenditure from corporate funds		New York, N	Y 10001						
8 PURPOSE OF	(		Categories listed at the	top of this sch	edule)	(b) Description			
EXPENDITURE		Accounting/B	anking					ide of Texas. Com	
						Bank Fee	1, I X	, officeholder living	expense
						Dank Fee			
9 Complete <u>ONLY</u> if dire		Candidate/Office	eholder name		Office souc	ht		Office he	h
expenditure to benefit (		Canalactic, Child							
Date		Payee name							
11/27/2024		Amalgamate	d Bank						
Amount (\$)		Payee address	; City;	State:	; Zip Coo	le			
\$17.	21	275 Seventh		,	,				
φ17.		270 Sevenin	/ Wende						
Expenditure from corporate funds		New York, N	Y 10001						
PURPOSE OF	(	a) Category <sub>(See</sub> Accounting/B	Categories listed at the	top of this sch	edule)	(b) Description	outs	ide of Texas. Com	plete Schedule T.
EXPENDITURE		Accounting/L	anking			Check if Austir	ı, TX	, officeholder living	expense
						Bank Fee			
Complete <u>ONLY</u> if dire expenditure to benefit (		Candidate/Office	eholder name	C	Dffice sou	ht		Office he	eld
Date	Ī	Payee name							
12/30/2024		Amalgamate	d Bank						
				Ctoto					
Amount (\$)		Payee address		State,	; Zip Coo	ie			
\$0.	50	275 Seventh	Avenue						
Expenditure from corporate funds		New York, N	Y 10001						
PURPOSE	(	a) Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
OF EXPENDITURE		Accounting/B						ide of Texas. Com	
							1, TX	, officeholder living	expense
						Bank Fee			
Complete <u>ONLY</u> if dire expenditure to benefit (		Candidate/Office	eholder name	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	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)	
1 Total pages Schedule F1:	2 FILER NAME	:	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 5/15 Rpt: 20/30	Agave Democratic Infrastructure Fund		00088096	
4 Date	5 Payee name			
12/18/2024	Amalgamated Bank			
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
\$74.15	275 Seventh Avenue			
Expenditure from corporate funds	New York, NY 10001			
8 PURPOSE	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description		
OF EXPENDITURE	Accounting/Banking		itside of Texas. Complete Schedule T.	
			TX, officeholder living expense	
		Check Order		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
12/11/2024	Ann Johnson Campaign			
Amount (\$)	Payee address; City; State	; Zip Code		
.,	PO Box 56386	, <i>Zip</i> couc		
\$25,000.00	PO B0X 30380			
Expenditure from corporate funds	Houston, TX 77256			
PURPOSE	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		Itside of Texas. Complete Schedule T.	
EXPENDITORE	Candidate/Officeholder/Political Comm		TX, officeholder living expense	
		Campaign Cor	ntribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
12/13/2024	Blanco for State Senate			
		. Zie Cad-		
Amount (\$)	, , , , , , , , , , , , , , , , , , ,	; Zip Code		
\$25,000.00	P.O. Box 929			
Expenditure from corporate funds	El Paso, TX 79946			
PURPOSE	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description		
OF	Contributions/Donations Made By	,	Itside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Com	nittee Check if Austin, T	TX, officeholder living expense	
		Campaign Cor	ntribution	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI		-		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 6/15 Rpt: 21/30	Agave Democratic Infrastructure Fund 00088096					
4 Date	5 Payee name					
11/22/2024	Blue Victory Communications					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$9,375.00	PO Box 300625					
Expenditure from corporate funds	Austin, TX 78703					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>In-Kind Communication Consulting for HD 134</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/22/2024	Blue Victory Communications					
Amount (\$)	Payee address; City; State; Zip Code					
\$7,500.00	PO Box 300625					
Expenditure from corporate funds	Austin, TX 78703					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>In-Kind Communication Consulting for HD 136</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/22/2024	Blue Victory Communications					
Amount (\$)	Payee address; City; State; Zip Code					
\$7,500.00	PO Box 300625					
Expenditure from corporate funds	Austin, TX 78703					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>In-Kind Communication Consulting for HD 74</li> </ul> </li> </ul>					
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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen	ent/Reimbursement ad/Rental Expense se Transportation Equipment & Related Expense Travel in District se/Contract Labor OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 7/15 Rpt: 22/30	Agave Democratic Infrastructure Fund	00088096			
4 Date	5 Payee name				
11/22/2024	Blue Victory Communications				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,625.00	PO Box 300625				
Expenditure from corporate funds	Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Consulting Expense	<ul> <li>Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> <li>In-Kind Communication Consulting for Houston City Controller</li> </ul>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	t Office held			
Date	Payee name				
11/22/2024	Blue Victory Communications				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,750.00	PO Box 300625				
Expenditure from corporate funds	Austin, TX 78703				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Consulting Expense	<ul> <li>Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> <li>In-Kind Communication Consulting for Harris County Attorney</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	t Office held			
Date	Payee name				
11/22/2024	Blue Victory Communications				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,750.00	PO Box 300625				
Expenditure from corporate funds	Austin, TX 78703				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In-Kind Communication Consulting for HD 52			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	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	Event Expense Loan Repayment/Reinbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 8/15 Rpt: 23/30	Agave Democratic Infrastructure Fund	00088096			
4 Date	5 Payee name				
11/22/2024	Blue Victory Communications				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,875.00	PO Box 300625				
Expenditure from corporate funds	Austin, TX 78703				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1			
OF EXPENDITURE	Consulting Expense	ravel outside of Texas. Complete Schedule T.			
		Austin, TX, officeholder living expense ommunication Consulting for Elizabeth			
		V City Council			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
11/22/2024	Blue Victory Communications				
Amount (\$)	Payee address; City; State; Zip Code				
\$750.00	PO Box 300625				
Expenditure from corporate funds	Austin, TX 78703				
PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ommunication Consulting for SD 29			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
Date	Payee name				
11/22/2024	Blue Victory Communications				
Amount (\$)	Payee address; City; State; Zip Code				
\$375.00	PO Box 300625				
Expenditure from corporate funds	Austin, TX 78703				
PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ommunication Consulting for HD 38			
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 Re Fees Office O Food/Beverage Expense Polling E - Gift/Awards/Memorials Expense Printing I	payment/Reinfoursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 9/15 Rpt: 24/30	Agave Democratic Infrastructure Fund	00088096				
4 Date	5 Payee name					
10/28/2024	Bluebonnet Data					
6 Amount (\$)	7 Payee address; City; State; Zip C	Code				
\$1,900.00	8342 S Upham Way					
Expenditure from corporate funds	Littleton, CO 80128					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Consulting				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught Office held				
Date	Payee name					
12/10/2024	Bluebonnet Data					
Amount (\$)	Payee address; City; State; Zip C	Code				
\$1,900.00	8342 S Upham Way					
Expenditure from corporate funds	Littleton, CO 80128					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Consulting				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught Office held				
Date	Payee name					
12/04/2024	Brady & Peavey PC					
Amount (\$)	Payee address; City; State; Zip C	code				
\$1,800.00	1122 Colorado St					
Expenditure from corporate funds	Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Counsel Retainer				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught 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 Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	Ayment/Reimbursement Sc erhead/Rental Expense Tr xpense Tr Xges/Contract Labor OT	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Fi	ler ID (Ethics Commission Filers)		
Sch: 10/15 Rpt: 25/30	Agave Democratic Infrastructure Fund	00	0088096		
4 Date	5 Payee name				
12/04/2024	Brady & Peavey PC				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$1,800.00	1122 Colorado St				
Expenditure from corporate funds	Austin, TX 78701				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Legal Services		of Texas. Complete Schedule T.		
			iceholder living expense		
		Legal Counsel Ret	aner		
• Operation ONUN if all the st					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ight	Office held		
Date	Payee name				
12/11/2024	John Bucy Campaign				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$25,000.00	P.O. Box 536				
,,					
Expenditure from corporate funds	Austin, TX 78767				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Contributions/Donations Made By		of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		iceholder living expense		
		Campaign Contribu	ution		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	laht	Office held		
expenditure to benefit C/O		-5			
Date	Payee name				
12/11/2024	M State Partners				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$10,500.00	5917 Drew Ave S				
Expenditure from corporate funds	Edina, MN 55410				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Consulting Expense		of Texas. Complete Schedule T.		
EXPENDITURE			iceholder living expense		
		Evaluation Consult	ting		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ight	Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Cabadula F1	2 File DNAME (Ethics Commission Filers)				
<b>1</b> Total pages Schedule F1:					
Sch: 11/15 Rpt: 26/30	Agave Democratic Infrastructure Fund 00088096				
4 Date	5 Payee name				
10/28/2024	Meadowlark Strategies				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$539.99	112 SE 4th St				
	Unit 202				
Expenditure from	Des Moines, IA 50309				
corporate funds					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Entail Fundationg				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/28/2024	Meadowlark Strategies				
Amount (\$)	Payee address; City; State; Zip Code				
\$6,500.00	112 SE 4th St				
	Unit 202				
Expenditure from					
Corporate funds	Des Moines, IA 50309				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Email-Fundraising				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
10/28/2024	Meadowlark Strategies				
Amount (\$)	Payee address; City; State; Zip Code				
\$6,500.00	112 SE 4th St				
	Unit 202				
Expenditure from corporate funds	Des Moines, IA 50309				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor				
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Email-Fundraising				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	5				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Cabadula E1	2 Eller ID (Ethics Commission Filors)		
1 Total pages Schedule F1: Sch: 12/15 Rpt: 27/30	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         Agave Democratic Infrastructure Fund       00088096		
4 Date	5 Payee name		
11/25/2024	Meadowlark Strategies		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$6,500.00	112 SE 4th St		
+0,000.00	Unit 202		
Expenditure from			
corporate funds	Des Moines, IA 50309		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul>		
	Email-Fundraising		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/28/2024	Meadowlark Strategies		
Amount (\$)	Payee address; City; State; Zip Code		
\$6,500.00	112 SE 4th St		
+0,000.00	Unit 202		
Expenditure from corporate funds	Des Moines, IA 50309		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Email-Fundraising</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/05/2024	Meadowlark Strategies		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,932.00	112 SE 4th St		
φ1,932.00			
Expenditure from corporate funds	Unit 202		
	Des Moines, IA 50309		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Email-Fundraising</li> </ul>		
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 Repay Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ment/Reimbursement lead/Rental Expense 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 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 13/15 Rpt: 28/30	Agave Democratic Infrastructure Fund		00088096
4 Date	5 Payee name		
12/11/2024	Morales for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e	
\$25,000.00	352 Hillcrest Blvd		
Expenditure from corporate funds	Eagle Pass, TX 78852		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Contributions/Donations Made By		e of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Campaign Contri	officeholder living expense
		eampaign contin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
Date	Payee name		
12/05/2024	Slingshot Strategies		
Amount (\$)	Payee address; City; State; Zip Cod	е	
\$15,000.00	28 Marcy Avenue #1		
Expenditure from corporate funds	Brooklyn, NY 11211		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		e of Texas. Complete Schedule T. officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
Date	Payee name		
11/25/2024	Tacka Strategies LLC		
Amount (\$)	Payee address; City; State; Zip Cod	e	
\$4,000.00	99 Westedge St. Apt. 327		
Expenditure from corporate funds	Charleston, SC 29403		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		e of Texas. Complete Schedule T. officeholder living expense Sulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name 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				
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 14/15 Rpt: 29/30	Agave Democratic Infrastructure Fund 00088096			
4 Date 11/13/2024	5 Payee name Texas Democratic Party			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$19,145.00	PO Box 15707			
Expenditure from corporate funds	Austin, TX 78761			
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Contribution</li> </ul> </li> </ul>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/10/2024	Texas Democratic Party			
Amount (\$)	Payee address; City; State; Zip Code			
\$19,145.00	PO Box 15707			
Expenditure from corporate funds	Austin, TX 78761			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Contribution</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/10/2024	Texas Way Strategies LLC			
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1621 E 6th St apt 1224			
Expenditure from corporate funds	Austin, TX 78702			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Consulting Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Political Consulting</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement Fees       Solicitation/Fundraising Expense         Food/Beverage Expense       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         Food/Beverage Expense       Poling Expense       Travel in District         Gift/Awards/Memorials Expense       Printing Expense       Travel Out of District         I Committee       Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/15 Rpt: 30/30	Agave Democratic Infrastructure Fund 00088096
4 Date	5 Payee name
11/15/2024	Texas Way Strategies LLC
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 1621 E 6th St apt 1224
Expenditure from corporate funds	Austin, TX 78702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held