CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Comm 00080101		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Joseph Cole			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	NICKNAME	Hefner		SUFFIX	0171072020	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 167				Receipt #	Amount
Change of Address	Mount Pleasant, TX 75456					
🗀 🐧	Would't loadant, 17, 10400				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	Richard W.				
	NICKNAME	LAST		SUFFIX		
		Baker		331111		
	i wony	200				
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP	T / SUITE #; CITY	r; STA	TE; ZIP CODE
TREASURER ADDRESS	2900 I-30 East	,				
(Residence or Business)	Mt. Pleasant, TX 75455					
7 CAMPAIGN	AREA CODE PHONI	E NUMBER E	XTENSION			
TREASURER PHONE	(903) 563-1994					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	nnaign treasurer
		1 court day believe		L	appointment (office	eholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	ТН	ROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	T (if known)	
	State Representative Distri	ict 5		State Represen	tative District 5	
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 65

13 C / OH NAME	Hefner, Joseph Cole	(The Honorable)		14 Filer ID 00080101	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without equired to report this information	the candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
Ш	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				5)	\$	23,866.67
EXPENDITURE TOTALS			\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES				\$	58,582.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	171,205.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
				able Joseph Cole He Candidate or Officeho		
			Signature of	Candidate of Officerio	nuei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subscribed before me, by the said, this the					day	
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Cincolar of C		Duinted	of officer educinists	T'41 t - 6"	n a alas listes	visas a atla
Signature of Offi	cer administering	Printed name	of officer administering	Title of office	ei aummiste	ing oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CO	OVE	R SHEET PG 3 3 of 65
	ER NAM	ME oseph Cole (The Honorable)	19 Filer ID 00080101	(Ethic	cs Commission Filers)
	HEDUL ME OF	:	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,700.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	166.67
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			58,582.91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/65			
2	FILER NAME Hefner, Jose	eph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	on Filers)		
4	4 Date 06/26/2025 5 Full name of contributor out-of-state PAC (ID#:) 7 BNSF RAILPAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00			
_	<u> </u>	Fort Worth, TX 76161						
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))				
	Date O6/23/2025 Full name of contributor out-of-state PAC (ID#:) Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ HillCo PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	T inicipal occu	pation 7 300 title (See Instructions)	Employer (See manuchons					
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_Holzheauser, Craig Contributor address; City; State; Zip Code Austin, TX 78756)		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Longbow Consulting Partners LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/65		
2	FILER NAME Hefner, Joseph Cole (The Honorable)			3	Filer ID (Ethics Commission 00080101	on Filers)	
4	Date 06/24/2025 5 Full name of contributor out-of-state PAC (ID#:) Mach, Steven 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
Ω	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	9	Employer (See instructions	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 McRae, Cody Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions)		
		,			<u></u>		
	Date 06/23/2025	Full name of contributor Moak Casey PAC Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor Moody, Jerry & Deanna Contributor address; City; State Omaha, TX 75571				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor Nall, Michael Contributor address; City; State Kingwood, TX 77345	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/65		
2	FILER NAME Hefner, Jose	ph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	on Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Rural Friends of Electric Cooperatives 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
_	Dringing agg	Austin, TX 78701	Employer (See Instructions	<u></u>			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
	-						
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Thompson, Michael & Colleen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Mount Pleasant, TX 75455					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Tracy, Charles & Corinne Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77055-7211			Amount of Contribution (\$)	\$2,500.00	
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			

NETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/65
NAME er, Joseph Cole (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080101
5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$1,000.00
Austin, TX 78701	
pal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
	Instruction Guide explains how to complete this form. R NAME er, Joseph Cole (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/65 3 Filer ID (Ethics Commission Filers) FILER NAME Hefner, Joseph Cole (The Honorable) 00080101 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 TREPAC Texas Association of Realtors Political Action Committee \$83.34 I Advertising for 7 Contributor address; City; State; Zip Code Fundraising Event Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 06/30/2025 Texans For Lawsuit Reform PAC \$83.33 I Campaign Fundraiser Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/57 Rpt: 9/65	Hefner, Joseph Cole (The Honorable)		00080101
4	Date	5 Payee name		
	04/07/2025	1-800Flowers.com		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$118.57	Two Jericho Plaza		
		Floor 2		
		Jericho, NY 11753		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	•		Check if Austin, TX, officeholder living expense
				Constituent Memorial
_	0 1 0 0 1 1 1 1			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	05/12/2025	1883 Provision Co		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$9.74	2108 Robert Dedman		
		Austin, TX 78712		
	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.
				Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
				Wiceling to Disouss Officeriolder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	9	
	Date	Payee name		
	06/02/2025	7-Eleven		
	Amount (\$)	Payee address; City; State; Zip Coo	do	
	\$17.97	408 W 15th St	ue	
	Ψ11.91	400 W 13til 3t		
		Austin TV 70701		
		Austin, TX 78701		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Meeting to Discuss Officeholder Matters
_	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
_				

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 2/57 Rpt: 10/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/01/2025	ABC Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$223.00	1300 Alpine Rd
		Longview, TX 75601
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graduate Document Printing
		Graduate Bocament Finang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/02/2025	ABC Printing
H	Amount (\$)	Payee address; City; State; Zip Code
	\$162.37	1300 Alpine Rd
		Longview, TX 75601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graduate Document Printing
		Chaddate Bootine it Tilliang
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/14/2025	ABC Printing
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$628.16	1300 Alpine Rd
		Longview, TX 75601
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Graduate Document Printing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/57 Rpt: 11/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/27/2025	ABC Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$399.97	1300 Alpine Rd
		Longview, TX 75601
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graduate Document Printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/15/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	117 W 4th St
		Austin, TX 78701
	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
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/09/2025	Airbnb
	Amount (\$)	Payee address; City; State; Zip Code
	\$527.32	888 Brannan St.
		San Francisco, CA 94117
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

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)

Labor OTHER (effer a category flot listed a

Credit Card Payment	The Instruction Guide explains how to co	implete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/57 Rpt: 12/65	Hefner, Joseph Cole (The Honorable)	00080101
4 Date	5 Payee name	•
02/03/2025	Amazon.com, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$378.86	PO Box 81226	
	Seattle, WA 98108	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	nght Office held
Date	Payee name	
02/24/2025	Amazon.com, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$265.14	PO Box 81226	
	Seattle, WA 98108	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht Office held
expenditure to benefit C/O		gii.
Date	Payon nama	
03/25/2025	Payee name Amazon.com, Inc.	
		nda.
Amount (\$) \$12.88	Payee address; City; State; Zip Co	oue
Φ12.00	FO BOX 81220	
	C WA 00400	
	Seattle, WA 98108	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ght 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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 5/57 Rpt: 13/65	Hefner, Joseph Cole (The Honorable)		00080101	
4	Date	5 Payee name			
	03/28/2025	Amazon.com, Inc.			
6	Amount (\$) \$33.57	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Onice Overneda/Nerital Expense	n, TX	side of Texas. Com	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name		_	
	03/31/2025	Amazon.com, Inc.			
	Amount (\$) \$129.89	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	n, TX	side of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	04/18/2025	Amazon.com, Inc.			
	Amount (\$) \$10.80	Payee address; City; State; Zip Code PO Box 81226			
		Seattle, WA 98108			
	PURPOSE OF EXPENDITURE	Office Overficad/Nertical Experise	n, TX	side of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

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 (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: 6/57 Rpt: 14/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/21/2025	Amazon.com, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.96	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	Amazon.com, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.46	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Operation ONLY if allowed	Our stide to 100% as health as means a south of the second to the second
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/24/2025	Amazon.com, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salar		es/Contract Labor		OTHER (enter a	strict category not listed above)	
				The Instruction G	uide explains how t	o comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	s)
	Sch: 7/57 Rpt: 15/65		Hefner, Jose	eph Cole (The F	Honorable)				00080101		
4	Date	5	Payee name								
	05/05/2025		Amazon.con	n, Inc.							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code	;				
	\$1,187.52		PO Box 812	26							
			Seattle, WA	98108							
Ļ	DUDDOOF	(-)				10	· - · · ·				
8	PURPOSE OF	(a)			he top of this schedule)	a)	Description				
	EXPENDITURE		Gift/Awards/	'Memorials Exp	ense				ide of Texas. Con , officeholder livin	plete Schedule T.	
							Committee G			g expense	
							Committee C	JIILO	1		
_		L	- " - '- '- '- ''								
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	it		Office h	eld	
	experience to benefit eye.										
	Date		Payee name								
	01/30/2025		Austin City H	Hall Parking							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code)				
	\$21.00		301 W 2nd 9	St							
			Austin TV 7	0701							
		_	Austin, TX 7								
	PURPOSE OF	(a)			he top of this schedule)	(b	Description				
	EXPENDITURE		Travel Out o	of District			=			plete Schedule T.	
							Parking	1, 1 A	, officeholder livin	g expense	
							Faiking				
_	Opening the ONII Wife discort	L	2 11 - 1 - 1 - 1 O FF		04:				Off: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Office	sougn	IT		Office h	ela	
	Date		Payee name								
	04/08/2025		Austin City H	Hall Parking							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	9				
	\$27.00		301 W 2nd 9	St							
			Austin, TX 7	8701							
	PURPOSE	(0)				(h	N Description				
	OF	(a)			he top of this schedule)	10	DescriptionCheck if travel	outs	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Travel Out o	of District			=		, officeholder living		
							ㅁ Parking				
							Č				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	souah	nt .		Office h	eld	
	expenditure to benefit C/OI			The second second	Omice	Jougii	· -		O00 II	z: z :	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/57 Rpt: 16/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/10/2025	Berry Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,600.00	1014 W. Milton St.
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consulting
_	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.09	4155 N General Bruce Dr
		Temple, TX 76501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		mooting to biodece emechation matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Power name
	04/28/2025	Payee name Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code 4155 N General Bruce Dr
	\$20.83	4155 N General Bruce Dr
		Temple, TX 76501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		Wiccums to Discuss Smeetholder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	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: 9/57 Rpt: 17/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/08/2025	CAMP Political LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,324.00	401 NE 46th St
		Oklahoma City, OK 73105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mailer
		Wallet
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/10/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	3212 E Cesar Chavez St
		Austin, TX 78702
	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
		Graphic Design Subscription
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	3212 E Cesar Chavez St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Graphic Design Subscription
L	Operation ON V. V. V.	Outside to 10 ff and address and a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

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

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

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	l 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: 10/57 Rpt: 18/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/10/2025	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.99	3212 E Cesar Chavez St
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graphic Design Subscription
		Graphic Boorgin Casconpilon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	04/10/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	3212 E Cesar Chavez St
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graphic Design Subscription
		Craphic Besign Cassonption
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	05/12/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	3212 E Cesar Chavez St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Graphic Design Subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft 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	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: 11/57 Rpt: 19/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/09/2025	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.99	3212 E Cesar Chavez St
		Austin, TX 78702
8	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 Graphic Design Subscription
		Graphic Besign Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/26/2025	Capitol Grill
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$22.19	1400 Congress Ave
	ΨΖΖ.13	1400 Congress Ave
		Austin TV 70701
L	DUDD005	Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/09/2025	Capitol Grill
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$12.67	1400 Congress Ave
		Austin, TX 78701
	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.
		Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
\vdash		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/57 Rpt: 20/65 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name 03/10/2025 Chick-fil-A 6 Amount (\$) Payee address; City; State; Zip Code \$17.86 503 W Martin Luther King Blvd Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2025 Chickfila Amount (\$) Payee address; City; State; Zip Code \$17.68 200 Sharaf Ave Red Oak, TX 75154 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/12/2025 Chickfila Amount (\$) Payee address: City; State; Zip Code \$15.89 996 US 287 Waxahachie, TX 75165 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 13/57 Rpt: 21/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/26/2025	Cirkut Panoramic Photographs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	P.O. Box 99
		Hillsboro, WV 24946
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Decor
		Office Decoi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davisa nama
	03/24/2025	Payee name EnMotive
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.76	951 Corporate Grove Dr
		Buffalo Grove, IL 60089
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Registration
		Event Registration
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Davisa nama
	04/29/2025	Payee name Eric Opiela PLLC
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	
	\$2,500.00	9415 Old Lampasas Tr.
		Austin, TX 78750
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legal Services
		Legal Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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: 14/57 Rpt: 22/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/19/2025	Erman Smith Funeral Homes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.96	315 Rusk St
		Pittsburg, TX 75686
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	-	Constituent Memorial
		Constituent Memorial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	03/17/2025	Gollob Morgan Peddy & Co PC
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	1001 E SE Loop 323
		Tyler, TX 75701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting
		, locounting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	06/03/2025	Gonzalez, Jose
		·
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 901 S Mays
	Φ100.00	
		Unit 1
		Round Rock, TX 78664
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		3333. 2333.
	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 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		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter	a category not listed	above)
				The Instruction G	uide explains ho	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 15/57 Rpt: 23/65		Hefner, Jose	eph Cole (The F	Honorable)					00080101		
4	Date	5	Payee name									
	01/02/2025		Google Inc.									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Coo	de					
	\$30.70		1600 Amphi	theatre Pkwy								
			Mountain Vi	ew, CA 94043								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Fees					=			mplete Schedule T.	
	ZA ZIIDII GIAZ							—		officeholder livir	ng expense	
								Email Accour	π -	·ee		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	neld	
	experiulture to beliefit C/Oi	'										
	Date		Payee name									
	02/03/2025		Google Inc.									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$30.70		1600 Amphi	theatre Pkwy								
				-								
			Mountain Vi	ew, CA 94043								
	PURPOSE	(a)		e Categories listed at t	ho ton of this school	lulo)	(b)	Description				
	OF	``	Fees	e Calegories listed at t	ne top of this sched	iule)	(- ,	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	, TX,	officeholder livir	ng expense	
								Email Accour	nt F	ee		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/03/2025		Google Inc.									
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Cod	de					
	\$30.70		1600 Amphi	theatre Pkwy	•	·						
			•	,								
			Mountain Vi	ew, CA 94043								
	PURPOSE	(2)				1.	(b)	Dogorintian				
	OF	(a)	Category (Se Fees	e Categories listed at t	he top of this sched	lule)	(D)	Description Check if travel of	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		rees							officeholder livir		
								Email Accour				
						- 1						
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	neld	
	expenditure to benefit C/OI											
l												

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 complete this form.
1	Total pages Schedule F1:	
	Sch: 16/57 Rpt: 24/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/01/2025	Google Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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
		Email Account Fee
		<u> </u>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	05/01/2025	Payee name Google Inc.
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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 Email Account Fee
		Linai Account i ce
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	Google Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Email Account Fee
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Committ

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: 17/57 Rpt: 25/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/07/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.16	6001 W. Parmer Ln.
		Austin, TX 78727
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food & Beverage for Capitol Office
		, coa a zororago ion capito. Cinico
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.27	6001 W. Parmer Ln.
		Austin, TX 78727
	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.
		Check if Austin, TX, officeholder living expense
		Food & Beverage for Capitol Office
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.80	6001 W. Parmer Ln.
		Austin, TX 78727
	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.
		Check if Austin, TX, officeholder living expense Food & Beverage for Capitol Office
		Food & beverage for Capitor Office
L	Complete ONLY if direct	Candidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/57 Rpt: 26/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/10/2025	HEB
6	Amount (\$) \$65.28	7 Payee address; City; State; Zip Code 6001 W. Parmer Ln. Austin, TX 78727
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. Check if Austin, TX, officeholder living expense Food & Beverage for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2025	HEB
	Amount (\$) \$132.34	Payee address; City; State; Zip Code 6001 W. Parmer Ln.
		Austin, TX 78727
	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 Schedule T. Check if Austin, TX, officeholder living expense Food & Beverage for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	HEB
	Amount (\$) \$181.06	Payee address; City; State; Zip Code 6001 W. Parmer Ln.
		Austin, TX 78727
	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 Schedule T. Check if Austin, TX, officeholder living expense Food & Beverage for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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: 19/57 Rpt: 27/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/22/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.45	6001 W. Parmer Ln.
		Austin, TX 78727
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food & Beverage for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	05/05/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.22	6001 W. Parmer Ln.
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food & Beverage for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	05/19/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$174.12	6001 W. Parmer Ln.
		Austin, TX 78727
	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.
		Check if Austin, TX, officeholder living expense Food & Beverage for Capitol Office
		Tood & Beverage for Eaphor Office
\vdash	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 Com

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		Legal Services	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed abo	ve)
	·		The Instruction Guid	e explains how to co	omple	ete this form.				
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 20/57 Rpt: 28/65	Hefner, Jos	seph Cole (The Ho	norable)				00080101		
4	Date	5 Payee name	?							
	06/02/2025	HEB								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$54.91	6001 W. Pa	armer Ln.							
		Austin, TX	78727							
8	PURPOSE				(h)	Description				
٠	OF		See Categories listed at the trage Expense	op of this schedule)	(5)	_ :	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Food/Beve	rage Expense					officeholder living		
						Food & Beve	rag	e for Capitol	Office	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	<u> </u>							
	06/26/2025	Hampton II	าท							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$424.04	1701 Lava	•							
		Austin, TX	78701							
	DUDDOCE				(1-)					
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(a)	Description	nute	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Travel Out	Of District			=		officeholder living		
						Lodging				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name)							
	01/23/2025	Hefner, Co								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$6,594.15	806 CR 45	•		000					
	7-,									
		Mount Plea	asant, TX 75455							
	DUDDOOF				4.3					
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(a)	Description Check if travel	nute	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Travel In D	ISTRICT			ш		officeholder living		
									sement (4/1/24-	
						12/31/24)		J	`	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI				5					

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/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: 21/57 Rpt: 29/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/15/2025	Lindale Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	205 S Main St.
		Lindale, TX 75771
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
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/02/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	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 Email List Fee
		Littali List i ee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	02/03/2025	Payee name Mailchimp
	Amount (\$)	·
	\$140.71	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE
	φ140.71	
		Suite 5000
		Atlanta, GA 30308
	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	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email List Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

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: Sch: 22/57 Rpt: 30/65	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101
4	Date 03/03/2025	5 Payee name Mailchimp
6	Amount (\$) \$140.71	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email List Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/02/2025	Payee name Mailchimp
	Amount (\$) \$140.71	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email List Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/02/2025	Payee name Mailchimp
	Amount (\$) \$140.71	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email List Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
OTHER (output a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	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: 23/57 Rpt: 31/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/02/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
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.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Email List Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Date	Power name
	03/17/2025	Payee name Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.61	889 E Market St
		San Antonio, TX 78205
	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
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/21/2025	Mineola Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	101 E Broad St
		Mineola, TX 75773
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Chember Renguet Tieler
		Chamber Banquet Ticket
	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/57 Rpt: 32/65 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name 01/08/2025 Murdock, Corinne 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 147 CR 2462 Mineola, TX 75773 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 Next Level Valet Amount (\$) Payee address; City; State; Zip Code \$34.98 701 Brazos St Ste 500 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2025 Nicholson, David Amount (\$) Payee address: City; State; Zip Code \$2,000.00 12445 Alameda Trace Circle Apt. G0618 Austin, TX 78727 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor

Candidate/Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if Austin, TX, officeholder living expense

Office held

Contract Labor

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)

l	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 25/57 Rpt: 33/65	Hefner, Joseph Cole (The Honorable)	00080101
4	Date	5 Payee name	
	05/27/2025	PMC Paid Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$16.35	216 Congress Ave	
		Austin, TX 78701	
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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Parking
Ļ	Complete ONLY if direct	Condidate/Officeholder page	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
⊨			
	Date	Payee name	
	06/02/2025	Phoebe's Diner	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$211.46	408 W. 11th St.	
L		Austin, TX 78701	
l	PURPOSE OF	- (· · · · · · · · · · · · · · · · · ·) Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Meeting to Discuss Officeholder Matters
			•
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	06/25/2025	Phoebe's Diner	
┢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$73.70	408 W. 11th St.	
l			
		Austin, TX 78701	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Meeting to Discuss Officeholder Matters
L	Operation ONE VIII I	Open Highest 10ff as health an annual 10ff	06
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
\vdash			

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: 26/57 Rpt: 34/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/07/2025	Pixel Perfect World LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.04	312 Glen Valley Ln
		Leander, TX 78641
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Committee Gift Engraving
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/07/2025	Polvo's Mexican
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.87	360 Nueces St
	φου.στ	SOU NUCCES SE
		Austin, TX 78701
	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. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		mosting to 2.00000 o most matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	06/02/2025	Premium Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.81	812 San Antonio
	400.01	OLE GAITT WILDING
		Austin, LA 78701
	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 Parking
		raikily
	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 -

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	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: 27/57 Rpt: 35/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/09/2025	Purple Sage Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3002 Bryker Drive
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media Consulting
		Social Media Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/07/2025	Purple Sage Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3002 Bryker Drive
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media Consulting
		Social Media Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 03/11/2025	Payee name
		Purple Sage Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3002 Bryker Drive
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Social Media Consulting
		Social Media Consulting
_	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 Legal 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 complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 28/57 Rpt: 36/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/09/2025	Purple Sage Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3002 Bryker Drive
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Social Media Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OF	
_	Data	
	Date	Payee name
	05/08/2025	Purple Sage Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3002 Bryker Drive
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Social Media Consulting
	Commission ONLY if dispose	Condidate/Office holder name Office as what
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Purple Sage Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3002 Bryker Drive
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Social Media Consulting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- cxponditure to benefit 6/61	·

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/57 Rpt: 37/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/29/2025	Raising Cane's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.55	415 W Martin Luther King Jr Blvd
		Austin, TX 78701
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2025	Raising Cane's
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.55	415 W Martin Luther King Jr Blvd
		Austin, TX 78701
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
	Date	Payee name
	06/04/2025	Raising Cane's
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.96	415 W Martin Luther King Jr Blvd
		Austin, TX 78701
	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. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		Miceting to Discuss Officeriolder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	
1	Total pages Schedule F1: Sch: 30/57 Rpt: 38/65	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101
4	Date	5 Payee name
•	04/07/2025	Roaring Fork
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.79	701 Congress Ave
		Austin TV 70701
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/02/2025	Roaring Fork
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.65	701 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Shell
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.78	1020 Dale Evans Dr
		Italy, TX 76651
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

nse Travel in Distri ense Travel Out of I des/Contract Labor OTHER (enter

Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/57 Rpt: 39/65 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name 04/07/2025 **Shoal Creek** 6 Amount (\$) Payee address; State; Zip Code \$62.35 909 N Lamar Blvd Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2025 **Shoal Creek** Amount (\$) Payee address; City; State; Zip Code \$135.82 909 N Lamar Blvd Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/09/2025 Smith County Young Republicans Amount (\$) Payee address: City: State; Zip Code \$250.00 P.O. Box 6213 Tyler, TX 75711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Evi
Accounting/Banking Fer
Consulting Expense For
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		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not liste	d above)
				The Instruction G	iuide explains h	low to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 32/57 Rpt: 40/65		Hefner, Jose	eph Cole (The	Honorable)					00080101		
4	Date	5	Payee name									
	04/14/2025		Sonic									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$14.27		1020 Dale E	Evans Dr								
			Italy, TX 766	651								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense	·	,		Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							—		officeholder livir		
								Meeting to Di	SCL	uss Officeh	older Matters	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	experioration benefit C/Or	п 										
	Date		Payee name									
	01/27/2025		Squarespac	e Inc.								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$35.18		225 Varick S	Street								
			12th floor									
			New York, T	X 10014								
	PURPOSE	⊢		e Categories listed at	the ten of this cohe	dula)	(b)	Description				
	OF	``	Fees	e Categories listed at	trie top of triis scrie	edule)	()	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1 000					Check if Austin,	, TX,	officeholder livir	ng expense	
								Website Fee				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	02/28/2025		Squarespac	e Inc.								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$35.18		225 Varick S	Street								
			12th floor									
			New York, T	X 10014								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	ı	Fees			, ,			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE								, TX,	officeholder livir	ng expense	
								Website Fee				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	neld	
L	experialitate to beliefit G/OTT											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 33/57 Rpt: 41/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/28/2025	Squarespace Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.18	225 Varick Street
		12th floor
		New York, TX 10014
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.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Website Fee
		Websile Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	04/28/2025	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	225 Varick Street
	400.20	12th floor
		New York, TX 10014
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	225 Varick Street
		12th floor
		New York, TX 10014
	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
		Website Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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/Political Committee Credit Card Payment			Legal Services The Instruction Guide 6	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)	_
	Sch: 34/57 Rpt: 42/65		seph Cole (The Hono	orable)				00080101		
4	Date	5 Payee name	,							
	06/30/2025	Squarespa	ce Inc.							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$35.18	225 Varick	Street							
		12th floor								
		New York,	TX 10014							
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Com		
						Website Fee	, IX,	officeholder living	expense	
						WCDSILC I CC				
9	Complete ONLY if direct		ficeholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name	;							
	01/14/2025	State Pres	ervation Board							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$65.00	201 E. 14th	ı St.							
		#950								
		Austin, TX	78701							
	PURPOSE OF	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		=		de of Texas. Comp officeholder living		
						Capitol Office			слрензе	
						Capital Cilia	_	oud. Gotap		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	<u>I</u> ıght			Office he	eld	
_	Data									_
	Date	Payee name Tatu, Jona								
	06/27/2025	,								
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$150.00	5007 West	view Dr.							
		Austin, TX	78731							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				_
	OF EXPENDITURE		ages/Contract Labor					de of Texas. Com		
	EXI ENDITORE					_		officeholder living	expense	
						Contract Lab	Uľ			
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	lapt			Office he	ald.	
	expenditure to benefit C/O		iccholuer hanne	Onice SOL	ıyııl			Onice ne	au .	
										_

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 (Ethics Commission Filers)
	Sch: 35/57 Rpt: 43/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/07/2025	Tegeler, Brad
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,000.00	135 West Alamo
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Living Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/02/2025	Tenten Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.22	501 W. 6th
		Austin, TX 78701
Г	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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		moding to Biodado Omodificado Mattoro
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/23/2025	Texas Chili Parlor
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$15.72	1409 Lavaca St.
		Austin, TX 78701
Г	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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Moderny to Discuss Officeriolider Multiple
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

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	l 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: 36/57 Rpt: 44/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/06/2025	Texas Conservative Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	PO Box 2659
		Austin, TX 78768
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
		Membership Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/O	<u>'</u>
	Date	Payee name
	03/04/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 13305
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	02/10/2025	Texas House of Representatives
_	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	P.O. Box 2910
	Ψ2 1100	1 101 Box 2010
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Committee Beverage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 complete this form.
1	Total pages Schedule F1:	
	Sch: 37/57 Rpt: 45/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/10/2025	Texas House of Representatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.00	P.O. Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ū	OF	Food/Beverage Expense Continuous Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Committee Beverage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to belieff crof	<u>'</u>
	Date	Payee name
	06/30/2025	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O. Box 2910
		Austin, TX 78768
	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.
	LA LABITORE	Check if Austin, TX, officeholder living expense Photos
		Pilotos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name The Craye
	05/29/2025	The Grove
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.62	800 W. 6th
		Ste. 100
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		sag to 2.55555 5sa.tattorio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

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 Salaries/Wages/Contract Labor

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/57 Rpt: 46/65 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name 01/02/2025 The Texan 6 Amount (\$) Payee address; City; State; Zip Code \$90.00 512 E 11th St. Ste. 110 Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2025 Tiff's Treats Amount (\$) Payee address; City; State; Zip Code \$34.49 1806 Nueces Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/25/2025 **Tiger Mart** Amount (\$) Payee address; City: State; Zip Code \$7.56 110 LR Campbell Rd Italy, TX 76651 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	d 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: 39/57 Rpt: 47/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/07/2025	TopGolf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.00	2700 Esperanza Crossing
		Austin, TX 78758
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		Weeting to Discuss Officerolder Matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	01/14/2025	TopGolf
	Amount (\$)	Payee address; City; State; Zip Code
	\$514.73	2700 Esperanza Crossing
		Austin, TX 78758
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	03/24/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.60	11900 Jollyville Rd
		Austin, TX 78759
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Mailing Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Stamps
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	
I		

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: 40/57 Rpt: 48/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/12/2025	UT Austin Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.90	1815 Trinity
		Austin, TX 78712
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 Parking
		Faining
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.27	1455 Market St.
		#400
		San Francisco, CA 94103
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/13/2025	Uber
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.37	1455 Market St.
		#400
		San Francisco, CA 94103
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure 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

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
OTHER (onter a category not listed above)

	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: 41/57 Rpt: 49/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/20/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.72	1455 Market St.
		#400
		San Francisco, CA 94103
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rideshare
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Oi	
	Date	Payee name
	02/25/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.89	1455 Market St.
		#400
		San Francisco, CA 94103
	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
		Rideshare
		T tidoshta. o
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.90	1455 Market St.
		#400
		San Francisco, CA 94103
	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.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1

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.			
Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 42/57 Rpt: 50/65		Hefner, Joseph Cole (The Honorable)		00080101	
Date	5	Payee name			
00/07/0005	ı	Liber			

4	Date 02/27/2025	5 Payee name Uber
8	Amount (\$) \$7.92 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/04/2025	Payee name Uber
	Amount (\$) \$15.42	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/18/2025	Payee name Uber
	Amount (\$) \$13.29	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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			Awards/Memoriais Ex al Services			se s/Contract Labor		OTHER (enter a	category not listed a	above)
	Credit Card Payment		The	Instruction Guid	le explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 43/57 Rpt: 51/65		Hefner, Joseph	Cole (The Ho	norable)				00080101		
4	Date	5	Payee name								
	03/21/2025		Uber								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$14.79		1455 Market S	t.							
			#400								
			San Francisco,	CA 94103							
8	PURPOSE	⊢				(h)	Description				
٠	OF	(۳)	Category (See Ca		top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Traver Gut 6. 2	1011101			Check if Austin,	, TX,	officeholder living	expense	
							Rideshare				
9	Complete ONLY if direct		Candidate/Officeh	older name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	П									
	Date		Payee name								
	03/26/2025		Uber								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$8.95		1455 Market S	t.							
			#400								
			San Francisco,	CA 94103							
	PURPOSE	(a)	Category (See Ca	atenories listed at the	ton of this schedule)	(b)	Description				
	OF	``	Travel Out of D		top of this seriedate)	``		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						ш	, TX,	officeholder living	expense	
							Rideshare				
						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeh	older name	Office sou	ıght			Office he	eld	
	<u>'</u>	_									
	Date		Payee name								
	04/01/2025		Uber								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$7.99		1455 Market S	t.							
			#400								
			San Francisco	CA 94103							
	PURPOSE	(a)	Category (See Ca	ategories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of D	istrict			\blacksquare		de of Texas. Com		
							Rideshare	, TX,	officeholder living	expense	
							Nuconale				
	Complete ONLY if direct	Ц	Candidate/Officeh	older namo	Office sou	lapt			Office he	ald.	
	expenditure to benefit C/OI		zanaidate/Onicen	olaci ilaili c	Office SUC	agrit			Onice ne	,iu	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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		nmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter	a category not listed at	oove)
		_		The Instruction G	uide explains no	ow to cor	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 44/57 Rpt: 52/65		Hefner, Jose	eph Cole (The	Honorable)					00080101		
4	Date	5	Payee name									
	04/09/2025		Uber									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$6.35		1455 Marke	t St.								
			#400									
		l		co, CA 94103								
Ļ		⊢					<i>.</i>					
8	PURPOSE OF	(a)		e Categories listed at	the top of this sched	lule)	(b)	Description				
	EXPENDITURE		Travel Out o	of District				브		officeholder livir	mplete Schedule T.	
								Rideshare	, 174,	Oniceriolaer iivii	ід ехрепос	
9	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name	Of	fice sou	aht			Office h	neld	
ľ	expenditure to benefit C/O		zanalaate/Onic	cholael hame	Oi	noc sou	giit			Omice	icia	
\vdash	Data	Г										
	Date		Payee name									
	04/18/2025		Uber									
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$25.34		1455 Marke	t St.								
			#400									
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Travel Out o		·			Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							ш	, TX,	officeholder livir	ng expense	
								Rideshare				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Of	fice sou	ght			Office h	neld	
	experientare to benefit 6/61											
	Date		Payee name									
	04/23/2025		Uber									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$15.92		1455 Marke	t St.								
			#400									
			San Francis	co, CA 94103								
-	PURPOSE	(a)		e Categories listed at	the ten of this set	lulo)	(b)	Description				
	OF	(")	Travel Out of		the top of this scried	iule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		riavei out c	n District				Check if Austin	, TX,	officeholder livir	ng expense	
								Rideshare				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
l												

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:	
	Sch: 45/57 Rpt: 53/65	
4	Date 04/29/2025	5 Payee name Uber
6	Amount (\$) \$7.99	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Uber
	Amount (\$) \$15.98	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/07/2025	Payee name Uber
	Amount (\$) \$16.74	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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			egal Services	moriais Expens	se	Salaries/W		se s/Contract Labor			Out of Dis R (enter a	category not listed	above)
	Credit Card Payment		7	he Instruct	ion Guide e	xplains h	ow to cor	nple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME							3	Filer II		(Ethics Commis	ssion Filers)
	Sch: 46/57 Rpt: 54/65		Hefner, Jose	oh Cole (The Hono	rable)					0008	0101		
4	Date	5	Payee name											
	05/20/2025		Uber											
6	Amount (\$)	7	Payee address	; City;		State;	Zip Co	de						
	\$14.00		1455 Market	St.										
			#400											
			San Francisc	o, CA 94	103									
8	PURPOSE	(a)	Category (See	Categories lis	sted at the top of	of this sche	dule)	(b)	Description					
	OF EXPENDITURE		Travel Out of				,			outs	ide of Tex	kas. Com	plete Schedule T.	
	LAPENDITORE								Check if Austin	n, TX	, officehol	lder livinç	j expense	
									Rideshare					
_	Operation ONLY if direct	L_	0			-	((:					ec: l-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	enolder na	me 	O:	ffice sou	gnt			0	ffice he	eia	
	Date		Payee name											
	05/23/2025		Uber											
	Amount (\$)		Payee address	; City;		State;	Zip Co	de						
	\$7.99		1455 Market	St.										
			#400											
			San Francisc	o, CA 94	103									
	PURPOSE	(a)	Category (See	Categories lis	sted at the top o	of this sche	dule)	(b)	Description					
	OF EXPENDITURE		Travel Out of	District									plete Schedule T.	
									Check if Austin	1, IX	, officenoi	ider livinç	j expense	
									Macshare					
	Complete ONLY if direct	<u> </u>	Candidate/Office	eholder na	me	0	ffice sou	thr			0	ffice he	əld	
	expenditure to benefit C/O		ouridiacto, omo	molaci na			moo oou	9			Ü	11100 111	51 G	
	Date	Г	Payee name											
	05/29/2025		Uber											
	Amount (\$)		Payee address	; City;		State:	Zip Co	do						
	\$7.99		1455 Market			State,	Zip Co	ue						
	Ψ1.55		#400	Ot.										
				o CA 04	100									
		ļ.,	San Francisc				1							
	PURPOSE OF	(a) 	Category (See	-	sted at the top o	of this sche	dule)	(b)	Description Check if travel	oute	ide of Tex	vas Com	plete Schedule T.	
	EXPENDITURE		Travel Out of	DISTRICT					Check if Austin				•	
									Rideshare					
	Complete ONLY if direct		Candidate/Office	eholder na	me	0	ffice sou	ght			0	ffice he	eld	
	expenditure to benefit C/OI	H												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/57 Rpt: 55/65	Hefner, Joseph Cole (The Honorable)	00080101
4	Date	5 Payee name	·
	05/30/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.91	1455 Market St.	
		#400	
L		San Francisco, CA 94103	
8	PURPOSE OF	,	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Rideshare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/24/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.97	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	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.
		Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
		Travel Out of District	Check if Austin, TX, officeholder living expense
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Rideshare
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Rideshare
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Rideshare
_	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Payee name	Check if Austin, TX, officeholder living expense Rideshare
_	Complete ONLY if direct expenditure to benefit C/OhDate 06/25/2025	Candidate/Officeholder name Office sought Payee name Uber	Check if Austin, TX, officeholder living expense Rideshare
_	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$)	Candidate/Officeholder name Office sought Payee name Uber Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$)	Candidate/Officeholder name Office sought Payee name Uber Payee address; City; State; Zip Code 1455 Market St.	Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$) \$15.98	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$) \$15.98	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	Check if Austin, TX, officeholder living expense Rideshare Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$) \$15.98	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) (b)	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$) \$15.98	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) (b)	Check if Austin, TX, officeholder living expense Rideshare Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$) \$15.98	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) (b)	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 06/25/2025 Amount (\$) \$15.98 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Rideshare Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OF Date 06/25/2025 Amount (\$) \$15.98 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Uber Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Rideshare Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare

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	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: 48/57 Rpt: 56/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/13/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.22	1102 US Hwy 271 N
		Gilmer, TX 75644
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Cindo Gappinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/07/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.98	2311 S Jefferson Ave
	Ψ00.30	ZOTT O GOILGIOGITA WO
		Mount Pleasant, TX 75455
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cindo Gappinos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/13/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.76	2800 Guadalupe
	4 3	
		Austin, TX 78705
	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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		iviceting to Discuss Officeriolider ivialities
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Committe

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	l 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: 49/57 Rpt: 57/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/21/2025	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.50	2800 Guadalupe
		Austin, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Wiccumg to Discuss Officeriolder Matters
Ļ	Commission ONII V if disposi	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	· 	
	Date	Payee name
	01/31/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	1501 S I-35
		Round Rock, TX 78664
	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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Wieeting to Discuss Officeriolder Matters
L	Operation ONE Wife disease	On distribute Office health and a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	02/07/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	1402 Corsicana Hwy
		Hillsboro, TX 76645
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to benefit 0/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
				The Instruction C	Suide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 50/57 Rpt: 58/65		Hefner, Jose	eph Cole (The	Honorable)					00080101		
4	Date	5	Payee name									
	02/11/2025		Whataburge	er								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$13.63		2800 Guada	llupe								
				•								
			Austin, TX 7	8705								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(a)		e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel (nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		F000/Bever	age Expense				=		officeholder livin		
								Meeting to Di	SCL	uss Officeho	older Matters	
								_				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					-					
H	Date		Payee name									
	02/14/2025		Whataburge	er								
	Amount (\$)	H	Payee addres		State:	Zip Co	de					
	\$12.33		2800 Guada		Otato,	2.p 00	uo					
	Ψ12.33		2000 Guado	ширс								
			Austin, TX 7	8705								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				=			nplete Schedule T.	
								Meeting to Di		officeholder livin		
								Wiceting to Di	300	iss Officerio	naci matters	
_	Complete ONLY if direct	<u> </u>		ceholder name		ffice sou	aht			Office h	old.	
	expenditure to benefit C/O		zandidate/Onic	cholder flame	O	ilice sou	giit			Office II	ciu	
		<u> </u>										
	Date		Payee name									
	02/21/2025		Whataburge	er 								
	Amount (\$)		Payee addres	, , , , ,	State;	Zip Co	de					
	\$13.63		2800 Guada	llupe								
			Austin, TX 7	8705								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		-					nplete Schedule T.	
	LAFENDITORE							_		officeholder livin		
								Meeting to Di	SCL	iss Officeho	older Matters	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	eld	
	experience to beliefft C/Of											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Expe Committee Legal Services Salaries/Wag	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)		
		The Instruction Guide explains how to com	plete this form.				
1	Total pages Schedule F1: Sch: 51/57 Rpt: 59/65	2 FILER NAME Hefner, Joseph Cole (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080101		
4	Date 03/04/2025	5 Payee nameWhataburger					
-	Amount (\$)	7 Payee address; City; State; Zip Code					
•	\$12.55	120 N Interstate 35E Lancaster, TX 75146	-				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	nt		Office held		
	Date	Payee name					
	03/05/2025	Whataburger					
	Amount (\$)	Payee address; City; State; Zip Code	Э				
	\$13.63	2800 Guadalupe					
		Austin, TX 78705					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	nt		Office held		
	Date 03/10/2025	Payee name Whataburger					
	Amount (\$) \$13.63	Payee address; City; State; Zip Code 2800 Guadalupe	9				
		Austin, TX 78705					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	nt		Office held		

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

	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: 52/57 Rpt: 60/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/21/2025	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.63	2800 Guadalupe
		Austin, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		Meeting to Discuss Cincertolaer Matters
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	·	
	Date	Payee name
	03/24/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	2800 Guadalupe
		Austin, TX 78705
	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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Meeting to Discuss Officeriolder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/28/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	2800 Guadalupe
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		Micetally to Discuss Officeriolder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 53/57 Rpt: 61/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/31/2025	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.78	2800 Guadalupe
		Austin, TX 78705
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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Wiceling to Discuss Officeriolider Matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/04/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	2800 Guadalupe
		Austin, TX 78705
	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.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Wiceling to Discuss Officeriolider Matters
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/14/2025	Whataburger
H	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	2800 Guadalupe
		·
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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 (Ethics Commission Filers)
	Sch: 54/57 Rpt: 62/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/21/2025	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.87	2800 Guadalupe
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.28	2800 Guadalupe
		Austin, TX 78705
	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. Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
		Meeting to bissues emberioder Matters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/05/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.26	2800 Guadalupe
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Printing Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
	oroun oura'r aymone			The Instruction G	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 55/57 Rpt: 63/65		Hefner, Jose	eph Cole (The	Honorable)					00080101		
4	Date	5	Payee name									
	05/15/2025		Whataburge	er								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$19.24		2800 Guada	lupe								
			Austin, TX 7	8705								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sche	edule)	(b)	Description				
	OF	l` <i>′</i>		age Expense	the top of this serie	uuic)	` ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			9				Check if Austin,	, TX,	officeholder livin	g expense	
								Meeting to Di	SCL	ıss Officeho	older Matters	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	05/19/2025		Whataburge	er								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$29.41		2800 Guada	lupe								
			Austin, TX 7	8705								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				=			nplete Schedule T.	
								ш		officeholder livin		
								Meeting to Di	SCL	iss Officerio	nuer matters	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	soholder name		ffice sou	aht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	zenoluei name	O	ilice sou	ynı			Office fi	elu	
_		_										
	Date		Payee name									
	05/30/2025		Whataburge									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$4.31		2800 Guada	llupe								
			Austin, TX 7	8705								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense							nplete Schedule T.	
								Meeting to Di		officeholder livin		
								comig to Di			naci mancis	
-	Complete ONLY if direct	L	Candidate/Offic	ceholder name	<u> </u>	ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI		aaa/ Oill		O	30u	a			000 11		
\vdash												
l												

SCHEDULE F1

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

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 Polling Expense Gitt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel In District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commission Filers)			
	Sch: 56/57 Rpt: 64/65	н	efner, Jose	ph Cole (The Ho	onorable)					00080101				
4	Date	5 Pa	ayee name											
	06/02/2025	l	/hataburge	r										
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	ode							
	\$25.42	l	800 Guada			·								
				•										
		A	ustin, TX 7	8705										
8	PURPOSE	(a) C	atenory (car	e Categories listed at the	top of this caba	aduda)	(b)	Description						
	OF	ı		e Categories listed at the age Expense	top of this sche	edule)	~ /	_ ·	outsio	de of Texas. Com	plete Schedule T.			
	EXPENDITURE	'`	000,0000	igo Exponico				Check if Austin,	, TX,	officeholder living	expense			
								Meeting to Di	SCL	ıss Officeho	lder Matters			
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Offic	eholder name	0	ffice sou	ught			Office he	eld			
\vdash	Date	D	ayee name											
	06/05/2025	l	ayee name /hataburge	r										
L					Ctata	Zin O	od c							
	Amount (\$)	l	ayee addres	•	Siale;	Zip Co	bue							
	\$13.85	~	800 Guada	iupe										
		Α	ustin, TX 7	8705										
	PURPOSE	(a) C	ategory (See	e Categories listed at the	top of this sche	edule)	(b)	Description						
	OF EXPENDITURE	F	ood/Bevera	ige Expense				—		de of Texas. Com				
								_		officeholder living				
								Meeting to Di	SUL	iss Uniceno	iuei Malleis			
_	Complete ONLY if direct		ndidate/Offic	oholder name		effice ser	labt.			Office he	ald			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							สน							
		<u> </u>												
	Date	l	ayee name											
	06/24/2025		/inRed											
	Amount (\$)	l	ayee addres		State;	Zip Co	ode							
	\$39.40	1	776 Wilson	Blvd										
		S	te 530											
		A	rlington, VA	A 22209										
	PURPOSE	(a) C	ategory (See	e Categories listed at the	top of this sche	edule)	(b)	Description						
	OF	l	ees	o categories nated at the	10p 01 till3 30110	.auic)	<u> </u> `´	:	outsio	de of Texas. Com	plete Schedule T.			
	EXPENDITURE							_		officeholder living	expense			
								Online Donati	ion	Fee				
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Offic	eholder name	0	ffice sou	ught			Office he	eld			
	experioliture to beriefit C/Of													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	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: 57/57 Rpt: 65/65	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/27/2025	condolences.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.65	7405 US-69
		Alba, TX 75410
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consitutent Memorial
		Considitent Memorial
Ļ	Complete ONU V & direct	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2025	condolences.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.59	7405 US-69
		Alba, TX 75410
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consitutent Memorial
		Sonsitatent Wellional
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		