FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 35 00020051 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tom NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Craddick CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** Two Lakes Dr. MAILING Amount Receipt # **ADDRESS** Midland, TX 79705 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Bill Mrs. NAME NICKNAME LAST **SUFFIX** Heck STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** Two Lakes Dr. **ADDRESS** (Residence or Business) Midland, TX 79705 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 682-3000 **PHONE** REPORT **TYPE** 30th day before election 15th day after campaign treasurer

PERIOD

10 ELECTION

11 OFFICE

COVERED

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

State Representative District 82

10/27/2024

Year

Year

July 15

Month

Month

8th day before election

THROUGH

Primary

χ General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

State Representative District 82

Year

Other

appointment (officeholder only) Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 35

| 13 C / OH NAME | Craddick, Tom (The I | Honorable) | 14 Filer ID (I 00020051 | Ethics Commission Filers) | |
|--|----------------------------------|--|--------------------------------|---------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information | the candidate's or office | holder's knowledge or | |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | |
| | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | |
| 16 CONTRIBUTION | 1 TOTAL LINUTENA | ZED DOLUTICAL CONTRIBUTIONS (OTUED TUAN | N DI EDCES I CANS | | |
| 16 CONTRIBUTION TOTALS | OR GUARANTE | ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 109,750.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 42,531.17 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 196,141.60 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | |
| | | The Hon | orable Tom Craddick | | |
| | | Signature of | Candidate or Officehold | der | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | day | |
| of | , 20, to ce | ertify which, witness my hand and seal of office. | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | administering oath | |

SUBTOTALS - C/OH

FORM **C/OH** COVER SHEET PG 3

| | | | CC | OVER SHE | ET PG 3 3 of 35 |
|---|---|---|-----------------------------|----------------|--------------------|
| | ILER NAI raddick, | //E Tom (The Honorable) | 19 Filer ID 00020051 | (Ethics Commis | sion Filers) |
| | CHEDUL AME OF | SUBTOTA | L AMOUNT | | |
| 1 | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 109,750.00 |
| 2 | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3 | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. SCHEDULE E: LOANS | | | | | |
| 5 | 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | 36,067.65 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | \$ | |
| 7. | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | | | |
| 8 | X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 6,217.73 |
| 9 | X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 245.79 |
| 1 | D. 🔲 | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 1 | 1. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 1 | 2. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|----------------------------|--|-------------------------------|---|--|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/9 Rpt: 4/35 | |
| 2 | FILER NAME Craddick, To | om (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 11/25/2024 | 5 Full name of contributor out-of-state PAC (ID#:_AT&T Texas PAC 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$2,000.00 |
| _ | Dringing Loggy | Austin, TX 78701-2471 | 0 Employer (See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_AT&T Texas PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu | Austin, TX 78701-2471 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/06/2024 | Full name of contributor out-of-state PAC (ID#:_ CenterPoint Energy PAC Contributor address; City; State; Zip Code Houston, TX 77210-4567 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC Contributor address; City; State; Zip Code Austin, TX 78704-4785 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers Inc., PAC Contributor address; City; State; Zip Code Austin, TX 78701-5001 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|----------------------------------|----------------------------|--|----------------------------|----------------|--|------------|
| | The Instruc | ction Guide explains how to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 2/9 Rpt: 5/35 | |
| 2 | FILER NAME Craddick, To | m (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | 5 | Houston, TX 77046-0106 | 5 1 (0 1 1 1 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instructions | 5) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#: Edwards, Jay M. (Mr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | | Midland, TX 79707-5083 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/13/2024 | Full name of contributor x out-of-state PAC (ID#: CC Enterprise Holdings, INC./ Enterprise Mobility PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | Saint Louis, MO 63105-4204 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#: Erben & Yarbrough Contributor address; City; State; Zip Code Austin, TX 78701-2508 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#: Friends of the TTU System PAC Contributor address; City; State; Zip Code Lubbock, TX 79409-0005 |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|----------------------------|--|-------------------------------|---|--|------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/9 Rpt: 6/35 | |
| 2 | FILER NAME Craddick, To | om (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 12/14/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$2,500.00 |
| | Dringing! goog | Waxahachie, TX 75165-2240 | O Employer (Con Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Golden Spread PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | Amarillo, TX 79105-5898 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ HMWK LLC Contributor address; City; State; Zip Code Austin, TX 78701-1810 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ HS Law PAC Contributor address; City; State; Zip Code Austin, TX 78701-1696 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Halff Associates State PAC Contributor address; City; State; Zip Code Richardson, TX 75081-2220 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|----------------------------|---|------------------------------|---|--|------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 4/9 Rpt: 7/35 | |
| 2 | FILER NAME Craddick, To | m (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 12/14/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$5,000.00 |
| 0 | Dringing oggu | Austin, TX 78701-2185 | Employer (See Instructions | | | |
| 0 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Casino Reve Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78760-7428 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Manufacturers PAC of Texas Contributor address; City; State; Zip Code Austin, TX 78711-1510 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/04/2024 | Full name of contributor x out-of-state PAC (ID#: C NRG Energy PAC Contributor address; City; State; Zip Code Princeton, NJ 08540-6023 | 00366559 | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|----------------------------|---|-------------------------------|---|--|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/9 Rpt: 8/35 | |
| 2 | FILER NAME Craddick, To | om (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 12/14/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$2,500.00 |
| • | Dringing Loggy | Dallas, TX 75202-1234 | Employer (Coo Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Parkhill PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Lubbock, TX 79423-1930 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | • | | | | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Perdue, Brandon, Fielder, Collins & Mott, LLP Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | Lubbock, TX 79408-0817 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Pink Elephant Committee Contributor address; City; State; Zip Code Midland, TX 79707-8950 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Ryan Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75240-5050 | | | Amount of Contribution (\$) | \$7,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 |
|---|----------------------------------|--|------------------------------|----------------|--|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 6/9 Rpt: 9/35 |
| 2 | FILER NAME Craddick, To | m (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00020051 |
| 4 | Date 11/25/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) \$2,500.00 |
| _ | | Houston, TX 77002-1412 | | L | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| | Date 10/29/2024 | Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$10,000.00 |
| | Principal occu | Austin, TX 78701-2175 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | |
| | | | | | |
| | Date 10/29/2024 | Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) \$15,000.00 |
| | Deinsinal assu | Austin, TX 78701-2175 | Frankston (Cookstants) | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | |
| | Date 10/29/2024 | Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701-2175 |) | | Amount of Contribution (\$) \$10,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Date 10/29/2024 | Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701-2175 | | | Amount of Contribution (\$) \$15,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDUL | _E A1 |
|---|----------------------------------|--|------------------------------|---|---|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/9 Rpt: 10/35 | |
| 2 | FILER NAME Craddick, To | om (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 12/14/2024 | | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu | Round Rock, TX 78680-0459 upation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 11/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Grapevine, TX 76051-8734 upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Austin, TX 78704-3644 upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | _ | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AGFund Contributor address; City; State; Zip Code Waco, TX 76702-2689 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|----------------------------|--|------------------------------|----|---|------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 8/9 Rpt: 11/35 | |
| 2 | FILER NAME Craddick, To | m (The Honorable) | | 3 | Filer ID (Ethics Commission 00020051 | on Filers) |
| 4 | Date 12/14/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | Dringing Loggy | Austin, TX 78701-1670 | • Employer (Con Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 12/12/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | San Antonio, TX 78288-0002 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | i illopai occa | pation / oob title (oce monactions) | Employer (See Matractions | ') | | |
| | Date 12/04/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$1,000.00 |
| | | Lubbock, TX 79493-6840 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 11/25/2024 | Full name of contributor X out-of-state PAC (ID#: C UnitedHealth Group PAC Contributor address; City; State; Zip Code Washington, DC 20004-2692 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/14/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | |
|---|----------------------------|---|------------------------------|---|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/35 |
| 2 | FILER NAME Craddick, To | om (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020051 |
| 4 | Date 12/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Wine and Spirits Wholesalers of Texas Political Contributor address; City; State; Zip Code | Action COMMITTEE | 7 Amount of Contribution (\$) \$2,000.00 |
| | | Austin, TX 78701-2441 | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_Zamarripa, Ricardo (Mr.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| | Principal occu | Austin, TX 78739-1907 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event 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: 1/12 Rpt: 13/35 | Craddick, Tom (The Honorable) 00020051 |
| 4 | Date | 5 Payee name |
| | 11/30/2024 | American Express |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$4,056.59 | PO Box 650448 |
| | | |
| | | Dallas, TX 75265-0448 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Payment of credit card bill |
| | | ayment of credit out a bill |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 12/31/2024 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,568.06 | PO Box 650448 |
| | | |
| | | Dallas, TX 75265-0448 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Payment of credit card bill |
| | | Fayment of credit card bill |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 10/31/2024 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,355.82 | PO Box 650448 |
| | | |
| | | Dallas, TX 75265-0448 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Payment of credit card bill |
| | | Fayment of credit card bill |
| \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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Service | | | | /ages | e /Contract Labor ete this form. | | Travel C OTHER | | strict category not listed above) | |
|----------|--|----------------|----------------|---------------|---|-----------------|---------------------|-------|--|-------|-------------------|---------|--------------------------------------|---|
| _ | Total manage Coloradula 54 | <u> </u> | | | Gulu | - CAPIGITIS | | | | _ | E0 15 | | (Ethios Commission Ella) | _ |
| | Total pages Schedule F1: | | | | Honorst | lo) | | | | ٦ | Filer ID | | (Ethics Commission Filers) | |
| | Sch: 2/12 Rpt: 14/35 | | Craddick, T | om (The | Honorab | ie) | | | | | 00020 | nozī | | _ |
| 4 | Date | 5 | Payee name | | | | | | | | | | | |
| | 12/11/2024 | | Basin Aviati | on | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; Ci | ty; | State | ; Zip Co | de | | | | | | |
| | \$9,462.62 | | PO Box 505 | 547 | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Midland, TX | 79710-0 |)547 | | | | | | | | | |
| 8 | PURPOSE | ⊢ | | | | | | (h) | Docorintian | | | | | _ |
| 0 | OF | ^(a) | Category (Se | | | top of this sch | nedule) | (D) | Description Check if travel | outsi | ide of Tex | as Com | plete Schedule T. | |
| | EXPENDITURE | | Travel Out | טוטפוט וע | | | | | Check if Austin | | | | | |
| | | | | | | | | | Austin - Midla | | | | | |
| | | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder ı | name | (| Office sou | ght | | | Of | fice he | eld | - |
| | expenditure to benefit C/O | | | | | | | - | | | | | | |
| — | Date | | Payee name | | | | | | | | | | | = |
| | 11/22/2024 | | Cessna 205 | SIIC | | | | | | | | | | |
| \vdash | | ⊢ | | | h.e. | Ctata | . 7in 0- | do | | | | | | _ |
| | Amount (\$) | | Payee addres | · | • | Siate | ; Zip Co | ue | | | | | | |
| | \$2,056.75 | | 3409 Windy | Harbor | טר | | | | | | | | | |
| | | | | | | | | | | | | | | |
| L | | | Austin, TX 7 | 78734-20 | 25 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories | listed at the t | top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Travel Out | | | | | | <u></u> | | | | plete Schedule T. | |
| | _/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | Check if Austin | | | | g expense | |
| | | | | | | | | | Austin - Midla | and | ı travel | | | |
| _ | | | | | | | | | | | | | | _ |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offi | cenolder i | name | C | Office sou | gnt | | | Of | fice he | eia | |
| | , | _ | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | | |
| L | 12/31/2024 | | Craddick, T | homas R | . <u>. </u> | | | _ | | | | | | |
| | Amount (\$) | | Payee addres | ss; Ci | ty; | State | ; Zip Co | de | | | | | | |
| | \$245.79 | | 2 Lakes Dr | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Midland, TX | 79705-2 | L929 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categorios | listed at the | ton of this ech | nedule) | (b) | Description | | | | | _ |
| | OF | <u> </u> ` | Loan Repay | | | | .caulc _j | ` ' | | outsi | ide of Tex | as. Com | plete Schedule T. | |
| | EXPENDITURE | | - 17 | | | | | | Check if Austin | | | | | |
| | | | | | | | | | Payment for S | Scł | nedule | G exp | penditures | |
| | | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder ı | name | (| Office sou | ght | | | Of | fice he | eld | |
| | expenditure to benefit C/O | H | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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 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: 3/12 Rpt: 15/35 | Craddick, Tom (The Honorable) 00020051 |
| 4 | Date | 5 Payee name |
| | 12/03/2024 | Erickson Demel & Co., PLLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$575.00 | 7800 N Mopac Expy Ste 105 |
| | | |
| | | Austin, TX 78759-8961 |
| 8 | 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 Tax Preparation |
| | | ταλττοραταιίστ |
| Ļ | Compulate ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | • | |
| | Date | Payee name |
| | 11/05/2024 | Go Creative Group LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,912.20 | 5511 Parkcrest Dr Ste 103 |
| | | |
| | | Austin, TX 78731-4917 |
| | 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 Digital advertising |
| | | Digital davertising |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 11/26/2024 | HEB Credit Receivables |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$154.74 | PO Box 839988 |
| | | |
| | | San Antonio, TX 78283-3988 |
| | 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. |
| | ZA ZABITORZ | Check if Austin, TX, officeholder living expense |
| | | Statement #4597 |
| _ | Operation ONE VIII II | Ora didata (Office hadden granne |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | p = 1 2 25 3/01 | |
| | | |
| | | |

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/12 Rpt: 16/35 | Craddick, Tom (The Honorable) 00020051 |
| 4 | Date | 5 Payee name |
| | 11/15/2024 | Hunnicutt, Retha |
| 6 | Amount (\$) \$1,459.43 | 7 Payee address; City; State; Zip Code 1902 W Ohio Ave |
| | | Midland, TX 79701-5944 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/13/2024 | Hunnicutt, Retha |
| | Amount (\$) \$3,191.73 | Payee address; City; State; Zip Code 1902 W Ohio Ave |
| | | Midland, TX 79701-5944 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/03/2024 | Keel Systems |
| | Amount (\$) \$786.96 | Payee address; City; State; Zip Code 23812 Tres Coronas |
| | | Spicewood, TX 78669-1631 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database and compliance services |
| | 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

Expense Travel in Di g Expense Travel Out s/Wages/Contract Labor OTHER (er

| | 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: 5/12 Rpt: 17/35 | Craddick, Tom (The Honorable) 00020051 |
| 4 | Date | 5 Payee name |
| | 11/05/2024 | Keel Systems |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$786.96 | 23812 Tres Coronas |
| | | |
| | | Spicewood, TX 78669-1631 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Database and compliance services |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| _ | <u> </u> | |
| | Date | Payee name |
| | 11/11/2024 | Lakeway Aviation |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,575.00 | 13204 Country Trails Ln |
| | | |
| | | Austin, TX 78732-2079 |
| | 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 |
| | | Office travel to Lake Jackson |
| | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 12/18/2024 | MCRW PAC |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$70.00 | PO Box 4024 |
| | Φ70.00 | PO BOX 4024 |
| | | Midland, TX 79704-4024 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Political club dues |
| L | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| _ | Tatal as a Cabadala Edi | · · · · · · · · · · · · · · · · · · · | C Files ID (Fabine Commission Files) |
| | Total pages Schedule F1: Sch: 6/12 Rpt: 18/35 | Craddick, Tom (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020051 |
| 4 | Date | 5 Payee name | • |
| | 11/12/2024 | Macpac Package and Mail | |
| 6 | Amount (\$) \$4.15 | 7 Payee address; City; State; Zip Code 1404 N Big Spring St | |
| | | Midland, TX 79701-2754 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | Capitol orna | ment |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 11/25/2024 | Optimum | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$145.15 | 3001 W Loop 250 N Ste C113 | |
| | | | |
| | | Midland, TX 79705-3210 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Onice Overricad/Nertial Expense | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | Office cable | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 12/25/2024 | Optimum | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$145.15 | 3001 W Loop 250 N Ste C113 | |
| | | Midland, TX 79705-3210 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Onice Overhead/Nerital Expense | I outside of Texas. Complete Schedule T. |
| | | Office cable | n, TX, officeholder living expense |
| | | Since cable | 2300 |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | 555a |
| | | | |
| | | | |
| | | | |

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 | | | Legal Services | | ries/Wag | es/Contract Lab | or | OTHER (enter a | a category not listed above) | | | |
|---|--|------------|------------------|---------------------------|--------------------------|----------|-------------------------|---------|-----------------------|------------------------------|--|--|--|
| | Credit Card Fayment | | | The Instruction Gu | ide explains how t | o com | olete this forn | n. | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | | | |
| | Sch: 7/12 Rpt: 19/35 | | Craddick, To | om (The Honora | ble) | | | | 00020051 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 10/28/2024 | | Optimum | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zip | Code | <u> </u> | | | | | | |
| | \$145.15 | | | p 250 N Ste C1: | | | | | | | | | |
| | 7-101-0 | | | , | | | | | | | | | |
| | | | Midland TV | 79705-3210 | | | | | | | | | |
| Ļ | | ļ., | | | | 1 | | | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at th | | (t | Description Description | | ide of Toyon Con | nplete Schedule T. | | | |
| | EXPENDITURE | | Office Overr | nead/Rental Exp | ense | | | | , officeholder livin | | | | |
| | | | | | | | Office ca | | | 3 - 11 | | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | sough | t | | Office h | ield | | | |
| | expenditure to benefit C/OI | Н | | | | Ū | | | | | | | |
| _ | Date | | Payee name | | | | | | | | | | |
| | 11/14/2024 | | Paychex | | | | | | | | | | |
| | Amount (\$) | ┝ | Payee addres | ss; City; | State; Zip | Code | <u> </u> | | | | | | |
| | \$322.54 | | • | cock Dr Ste 100 | Otato, 2.p | Couc | • | | | | | | |
| | Ψ022.0 ⁻¹ | | 7272 WOOd | oook Di Ote 100 | | | | | | | | | |
| | | | San Antonic | TV 70220 125 | 0 | | | | | | | | |
| | DUDDOOF | (-) | | o, TX 78228-135 | | 10. | . | | | | | | |
| | PURPOSE OF | (a) | | e Categories listed at th | | (r | Description Description | | ide of Teyes Con | nplete Schedule T. | | | |
| | EXPENDITURE | | Salaries/wa | .ges/Contract La | bor | | <u> </u> | | , officeholder livin | | | | |
| | | | Federal | | | | | income | ncome tax withholding | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | sough | t | | Office h | ield | | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 11/15/2024 | | Paychex | | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zip | Code |) | | | | | | |
| | \$160.18 | | 4242 Wood | cock Dr Ste 100 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | San Antonic | o, TX 78228-135 | 9 | | | | | | | | |
| | PURPOSE | (a) | Category (sc | e Categories listed at th | o top of this schodulo) | (k |) Description | on . | | | | | |
| | OF | <u> </u> ` | Accounting/ | | e top of this seriedule) | ` | | | ide of Texas. Con | mplete Schedule T. | | | |
| | EXPENDITURE | | J | 3 | | | | | , officeholder livin | g expense | | | |
| | | | | | | | Payroll s | service | | | | | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Office | ceholder name | Office | sough | t | | Office h | eld | | | |
| | experience to belieff 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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|---|
| 1 | Total pages Schedule F1: | | - |
| | Sch: 8/12 Rpt: 20/35 | Craddick, Tom (The Honorable) 00020051 | |
| 4 | Date | 5 Payee name | _ |
| | 12/16/2024 | Paychex | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$1,138.57 | 4242 Woodcock Dr Ste 100 | |
| | | | |
| | | San Antonio, TX 78228-1359 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense | |
| | | Federal income tax withholding | |
| Ļ | Complete ONL V if direct | Candidate/Officeholder name Office cought Office hold | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| ┡ | | | = |
| | Date | Payee name | |
| L | 12/16/2024 | Paychex | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$234.80 | 4242 Woodcock Dr Ste 100 | |
| | | | |
| | | San Antonio, TX 78228-1359 | |
| | 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 Payroll service | |
| | | T dyron oct vioc | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - |
| | expenditure to benefit C/OI | | |
| F | Date | Payee name | = |
| | 11/15/2024 | Raines, Abby | |
| L | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$461.75 | 100 Pin Oak St | |
| | Ψ+01.73 | 100 Fill Oak St | |
| | | Dripping Springs, TX 78620-4367 | |
| | | The state of the s | _ |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Assist with campaign and office holder duties | |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| Г | | | _ |
| | | | |
| 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | 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: 9/12 Rpt: 21/35 | Craddick, Tom (The Honorable) | 00020051 |
| 4 | Date | 5 Payee name | |
| | 12/13/2024 | Raines, Abby | |
| 6 | ` ' | 7 Payee address; City; State; Zip Code | |
| | \$2,230.42 | 100 Pin Oak St | |
| | | Driverian Coninna TV 70000 4007 | |
| | | Dripping Springs, TX 78620-4367 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave | l outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Odianos/ Wages/ Contract Edbor | in, TX, officeholder living expense |
| | | Assist with o | ampaign and office holder duties |
| | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | • | | |
| | Date | Payee name | |
| | 11/26/2024 | Ready Refresh | |
| , | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$107.48 | PO Box 856680 | |
| | | Louisville, KY 40285-6680 | |
| | PURPOSE | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if trave | l outside of Texas. Complete Schedule T. |
| | EXPENDITURE | 1 000/Develage Expense | in, TX, officeholder living expense |
| | | Office refres | hments |
| | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | D-4- | | |
| | Date 12/30/2024 | Payee name Ready Refresh | |
| | | • | |
| , | Amount (\$) \$106.73 | Payee address; City; State; Zip Code PO Box 856680 | |
| | Ψ100.70 | 1 C Box 030000 | |
| | | Louisville, KY 40285-6680 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | 1 Ood/Develage Expense | d outside of Texas. Complete Schedule T. |
| | | Office refres | in, TX, officeholder living expense hments |
| | | | |
| - | Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OF | | |
| | | | |
| | | | |

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 10/12 Rpt: 22/35 | Craddick, Tom (The Honorable) 00020051 |
| 4 | Date | 5 Payee name |
| | 10/29/2024 | Ready Refresh |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$169.53 | PO Box 856680 |
| | | |
| | | Louisville, KY 40285-6680 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense Office refreshements |
| | | Office refresherits |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/Ol | |
| _ | Data | David and the second se |
| | Date | Payee name |
| | 11/26/2024 | Tarry House, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.38 | PO Box 5583 |
| | | |
| | | Austin, TX 78763-5583 |
| | 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 Membership dues |
| | | Membership dues |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | David and the second se |
| | Date 10/31/2024 | Payee name |
| | | Tarry House, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.38 | PO Box 5583 |
| | | |
| | | Austin, TX 78763-5583 |
| | 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 |
| | | Methodolip dues |
| \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 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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|----------|-----------------------------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | , |
| | Sch: 11/12 Rpt: 23/35 | Craddick, Tom (The Honorable) 00020051 | |
| 4 | Date | 5 Payee name | |
| | 10/31/2024 | Tarry House, Inc. | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$162.38 | PO Box 5583 | |
| | | | |
| | | Austin, TX 78763-5583 | |
| 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 | |
| | | Membership dues | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | H | |
| F | Date | Payee name | |
| | 11/01/2024 | Tarry House, Inc. | |
| H | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$162.38 | PO Box 5583 | |
| | | | |
| | | Austin, TX 78763-5583 | |
| Г | 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 Membership Dues | |
| | | memberer p Buce | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | H | |
| F | Date | Payee name | |
| | 11/01/2024 | Tarry House, Inc. | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$162.38 | PO Box 5583 | |
| | | | |
| | | Austin, TX 78763-5583 | |
| Г | 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 Membership dues | |
| | | Welliselelip dues | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | | | |
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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 | | mmittee I | Legal Services | S | | ages | /Contract Labor | | OTHER (enter a | a category not listed above) |
|---|--|-----|-----------------|---------------------------|-----------------------|----------|------|-----------------|-------|--------------------|------------------------------|
| | | | | The Instruction Gu | ide explains ho | w to com | nple | te this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 12/12 Rpt: 24/35 | | Craddick, To | m (The Honora | ıble) | | | | | 00020051 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 12/16/2024 | | | e of Representa | atives | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | | State; 2 | 7in Cod | 10 | | | | |
| ľ | \$591.50 | ľ | PO Box 291 | | State, 2 | zip Cou | ic | | | | |
| | Φ391.30 | | FO DOX 231 | O | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 7 | 8768-2910 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at th | ne top of this schedu | ıle) | (b) | Description | | | |
| | OF EXPENDITURE | | Gift/Awards/ | Memorials Exp | ense | | | | | | nplete Schedule T. |
| | | | | | | | | _ | | officeholder livin | g expense |
| | | | | | | | | Constituent fla | ags | 5 | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Offic | eholder name | Offi | ce soug | jht | | | Office h | eld |
| | experiditure to beliefit C/O | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 11/08/2024 | | The Bouleva | ırd At Town Lak | e | | | | | | |
| | Amount (\$) | H | Payee addres | s; City; | State; 2 | Zip Cod | de | | | | |
| | \$35.00 | | 2600 Lake A | ustin Blvd | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 7 | 8703- <i>11</i> 27 | | | | | | | |
| | DUDDOCE | (-) | | | | 1, | /b\ | | | | |
| | PURPOSE OF | (a) | | e Categories listed at th | | ıle) | (D) | Description | outei | do of Toyas Con | nplete Schedule T. |
| | EXPENDITURE | | Office Overr | nead/Rental Exp | ense | | | ш | | officeholder livin | |
| | | | | | | | | Apartment fee | | | |
| | | | | | | | | • | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | Offi | ce soug | ıht | | | Office h | eld |
| | expenditure to benefit C/O | Н | | | | Ū | | | | | |
| | | | | | | | | | | | |
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|---|----------------------------------|--|--|-------------------------|--------------|----------|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | cs Commis | sion Filers) | | | | |
| Sch: 1/10 Rpt: 25/35 | Craddick, Tom (The | e Honorable) | | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution nex | EXPEN | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged \$34.10 | (b) Date of Charge 11/23/2024 | | Credit Card Issue 24 12/31/2024 | r Paid | | | | | |
| 7 PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code PO Box 6894 Piscataway, NJ 08855-6894 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Descrip | tion | <u> </u> | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| PAYMENT | (a) Amount Charged \$12.98 | (b) Date of Charge 11/28/2024 | | Credit Card Issue 24 12/31/2024 | r Paid | | | | | |
| PAYEE | (a) Payee name Kindle Unlimited | | (b) Payee address; City, Signature 1200 12Th Ave Signature Signatu | | | | Zip Code | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Descrip | tion | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| PAYMENT | (a) Amount Charged \$6.39 | (b) Date of Charge 11/28/2024 | 1 ' ' ' ' | Credit Card Issue 24 12/31/2024 | r Paid | | | | | |
| PAYEE | (a) Payee name Amazon.com | | (b) Payee a 1200 12T Seattle, V | | City, | State, | Zip Code | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | tal Expense | (b) Descrip Office sup | oplies | | | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | 0.0011824 | Check if Austin, TX, | officeholder living exp | ense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| Ī | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|---|---|---|---------------------|-------------------------|----------|----------|--|
| 1 Total pages Schedule F4: | 3 Filer ID (Ethics Commission Fi | | | | sion Filers) | | | |
| Sch: 2/10 Rpt: 26/35 | Craddick, Tom (The | e Honorable) | 00020051 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD | ES : | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$9.99 | (b) Date of Charge 12/01/2024 | (c) Date(s) Credit (10/31/2024 12/3 | | Paid | | | |
| 7 PAYEE | (a) Payee name DoorDash | (b) Payee address 116 New Montgo San Francisco, (| omery St | City, 3622 | State, | Zip Code | | |
| 8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense | | | (b) Description Office holder me | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check | k if Austin, TX, o | fficeholder living expe | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| PAYMENT | (a) Amount Charged \$5.40 | (b) Date of Charge 12/01/2024 | (c) Date(s) Credit (10/31/2024 12/ | | Paid | | | |
| PAYEE | (a) Payee name Google Services | | (b) Payee address 1600 Amphithea Mountain View, | atre Pkwy | City, 1351 | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Description Internet service | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check | k if Austin, TX, of | fficeholder living expe | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| PAYMENT | (a) Amount Charged \$482.00 | (b) Date of Charge 12/02/2024 | (c) Date(s) Credit (10/31/2024 12/3 | | Paid | | | |
| PAYEE (a) Payee name Extra Space Storage | | (b) Payee address 2504 N Loop 25 Midland, TX 797 | 0 W | City, | State, | Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | · · · · · · · · · · · · · · · · · · · | (b) Description Campaign stora | ge rent | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | Check | k if Austin, TX, o | office held | ense | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|---|----------------------------------|------------------------|--|--------------------------|-----------|--------------|--|--|--|--|
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | | | |
| Sch: 3/10 Rpt: 27/35 | Craddick, Tom (The Honorable) | | | | 00020051 | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | Paid | | | | | | |
| | \$34.45 | 12/03/2024 | 10/31/202 | 4 12/31/2024 | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | | | |
| | DoorDash | | | Montgomery St | | | | | | | |
| | | | | isco, CA 94105 | -3622 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | | | | | |
| X Political | Food/Beverage Expe | | Office noic | der meeting | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | | |
| expenditure to benefit C/OH | | | • | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer 4 12/31/2024 | Paid | | | | | | |
| | \$23.63 | 12/04/2024 | 10/31/202 | 4 12/31/2024 | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | | | |
| | Allianz Travel Insur | ance | Po Box 71 | 533 | | | | | | | |
| | | | Henrico, V | 'A 23255-1533 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodule) | (b) Descript | | | | | | | | |
| EXPENDITURE X Political | Travel Out of District | or triis scriedule) | Austin-Midland travel | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ΄ Γ | Check if Austin, TX, | officeholder living expe | ense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | ice sought Office held | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$78.47 | (b) Date of Charge 12/06/2024 | | Credit Card Issuer 4 12/31/2024 | Paid | | | | | | |
| PAYEE | (a) Payee name | I | (b) Payee a | ddress; | City, | State, | Zip Code | | | | |
| | | | 1030 Delta | a Blvd | | | | | | | |
| | Delta Airlines | | | | | | | | | | |
| | | | Atlanta, G | A 30354-1989 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodule) | (b) Descript | | | | | | | | |
| EXPENDITURE | Travel Out of District | of this scriedule) | Midland-A | ustin travel | | | | | | | |
| X Political | | | | | | | | | | | |
| Non-Political | (7) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | | |
| expenditure to benefit C/OH | expenditure to benefit C/OH | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Insti | ruction Guide explains how | to complete thi | s form. | | | |
|---|---|--------------------------------|-------------------------------------|--|-------------------------|--------|----------|
| 1 Total pages Schedule F4: | | 3 Filer ID (Ethio | cs Commiss | sion Filers) | | | |
| Sch: 4/10 Rpt: 28/35 | Craddick, Tom (The | Craddick, Tom (The Honorable) | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED TURES D TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | | r Paid | | |
| | \$356.14 | 12/07/2024 | 10/31/2024 | 1 12/31/2024 | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | Capitol Gift Shop | | 1400 Cong | ress Ave | | | |
| | | | | 78701-1932 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this echodulo) | (b) Description | | | | |
| X Political | Gift/Awards/Memorial | | Constituen | t holiday gifts | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid | | | | |
| | \$108.47 | 12/07/2024 | 10/31/2024 | 4 12/31/2024 | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | Delta Airlines | | 1030 Delta | Blvd | | | |
| | | | Atlanta, GA | A 30354-1989 | | | |
| PURPOSE OF | (a) Category | of this cohodule) | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top of this schedule) Travel Out of District | | Midland-Austin travel | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | redit Card Issuer | r Paid | | |
| | \$37.84 | 12/07/2024 | 10/31/2024 | 4 12/31/2024 | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | DoorDash | | 116 New M | Iontgomery St | | | |
| | | | San Franci | sco, CA 94105 | -3622 | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | , | Office hold | er meeting | | | |
| X Political | . Journal Lyper | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| | | | · | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , | |
|---|---|----------------------------------|---|---|---|-----------|--------------|--|
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethic | cs Commis | sion Filers) | |
| Sch: 5/10 Rpt: 29/35 | Craddick, Tom (The | e Honorable) | | | 00020051 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$59.12 | (b) Date of Charge 12/08/2024 | (c) Date(s) Credit Card Issuer 10/31/2024 12/31/2024 | | Paid | | | |
| 7 PAYEE | (a) Payee name Premier Parking | | (b) Payee PO Box 6 | 60708 | City, | State, | Zip Code | |
| | (a) Oatawari | | | TX 79711-0708 | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Descrip Austin-M | idland travel | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| expenditure to benefit C/OH | | T | 1 | - | | | | |
| PAYMENT | (a) Amount Charged \$79.06 | (b) Date of Charge 12/10/2024 | | Credit Card Issue 24 12/31/2024 | Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | |
| | Amazon.com | | 1200 127 | Γh Ave S | | | | |
| | | | Seattle, \ | WA 98144-2712 | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Descrip Office su | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | <u> </u> | Office held | | | |
| PAYMENT | (a) Amount Charged \$202.80 | (b) Date of Charge 12/11/2024 | | Credit Card Issuer 24 12/31/2024 | Paid | | | |
| PAYEE | (a) Payee name Alonti Cafe & Catering | | (b) Payee 1001 Far Houston, | · | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Descrip Legislativ | otion ve related meetin | g | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filer | | | | | | |
| Sch: 6/10 Rpt: 30/35 | Craddick, Tom (The | e Honorable) | 00020051 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged \$37.22 | (b) Date of Charge 12/12/2024 | (c) Date(s) Credit Card Issu 10/31/2024 12/31/2024 | | | | | |
| 7 PAYEE | (a) Payee name Rudy's Country Sto | (b) Payee address; 2451 S Capital of Texas Hw Rudy's Country Store Austin, TX 78746-7734 | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Descrip Legislativ | | | ing | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | | |
| PAYMENT | (a) Amount Charged \$584.40 | (b) Date of Charge 12/17/2024 | (c) Date(s) Credit Card Issu 10/31/2024 12/31/2024 | | | | | |
| PAYEE | PAYEE (a) Payee name Enstrom Candies | | (b) Payee address; 701 Colorado Ave Grand Junction, CO 815 | City, State, Zip Code 01-3514 | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Gift/Awards/Memorial | | (b) Description Gifts for constituents | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | | |
| PAYMENT | (a) Amount Charged \$8.68 | (b) Date of Charge 12/18/2024 | (c) Date(s) Credit Card Issu 10/31/2024 12/31/2024 | er Paid | | | | |
| PAYEE | (a) Payee name Prime Video | | (b) Payee address; 410 Terry Ave N Seattle, WA 98109-5210 | City, State, Zip Code | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | tal Expense | (b) Description Office research | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office | | | X, officeholder living expense Office held | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| Candidate/Officenoider/Politica | - | ruction Guide explains how | | THER (enter a categor | ry not listed a | bove) |
|---|---|----------------------------------|---|-------------------------|-----------------|----------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | |
| Sch: 7/10 Rpt: 31/35 | Craddick, Tom (The | e Honorable) | | 00020051 | | , |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$482.00 | (b) Date of Charge 11/01/2024 | (c) Date(s) Credit Card Issuel 10/31/2024 12/31/2024 | r Paid | | |
| 7 PAYEE | (a) Payee name Extra Space Storaç | ge | (b) Payee address; 2504 N Loop 250 W Midland, TX 79707-6024 | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Reni | | (b) Description Campaign storage rent | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | |
| PAYMENT | (a) Amount Charged \$5.40 | (b) Date of Charge 11/01/2024 | (c) Date(s) Credit Card Issuer 10/31/2024 12/31/2024 | r Paid | | |
| PAYEE | (a) Payee name Google Services | | (b) Payee address; 1600 Amphitheatre Pkwy Mountain View, CA 94043 | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Description Internet service | -1331 | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | |
| PAYMENT | (a) Amount Charged \$790.21 | (b) Date of Charge 11/06/2024 | (c) Date(s) Credit Card Issuer 10/31/2024 12/31/2024 | r Paid | | |
| PAYEE | (a) Payee name | | (b) Payee address; PO Box 6894 Piscataway, NJ 08855-68 | City, 94 | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | tal Expense | (b) Description Cell phone replacement | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | riame Offici | e sought | Office held | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , |
|---|---|----------------------------------|-------------------------------------|---|---|-----------|--------------|
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| Sch: 8/10 Rpt: 32/35 | Craddick, Tom (The | e Honorable) | | | 00020051 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$898.45 | (b) Date of Charge 11/06/2024 | | Credit Card Issuer 24 12/31/2024 | Paid | | |
| 7 PAYEE | (a) Payee name AT&T | | (b) Payee PO Box 6 | | City, | State, | Zip Code |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | | 34 | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | | | ne replacement | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged \$50.98 | (b) Date of Charge 11/06/2024 | . , , , , | Credit Card Issuer 24 12/31/2024 | Paid | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | DoorDash | | 116 New | Montgomery St | | | |
| | | | San Fran | cisco, CA 94105 | -3622 | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descrip | otion related meeting | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | <u>I</u> | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | <u> </u> | Office held | | |
| PAYMENT | (a) Amount Charged \$83.42 | (b) Date of Charge 11/07/2024 | | Credit Card Issuer 24 12/31/2024 | Paid | | |
| PAYEE | (a) Payee name Amazon.com | | (b) Payee 1200 127 Seattle, \ | | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Descrip Event su | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | |
|---|--|---|---|---|--|--------------------------|----------|--------------|--|--|
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | | 3 Filer ID (Ethio | s Commis | sion Filers) | | |
| | Sch: 9/10 Rpt: 33/35 | Craddick, Tom (The | e Honorable) | | | 00020051 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged \$30.42 | (b) Date of Charge 11/07/2024 | |) Credit Card Issue 24 12/31/2024 | r Paid | | | | |
| 7 | PAYEE | (a) Payee name Taxi Affiliation Serv | yee name (b) Payee address; 2230 S Michigan Ave Xi Affiliation Services-Chicago Chicago, IL 60616-4663 | | | City, | State, | Zip Code | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Transportation Equipr Expense | | (b) Descri | | g | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | |
| | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$29.37 | (b) Date of Charge 11/08/2024 | |) Credit Card Issue 24 12/31/2024 | r Paid | | | | |
| | PAYEE | (a) Payee name C.L. Ross Taxi #1576 | | (b) Payee 5234 Du | | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Transportation Equipr Expense | | (b) Descri | | g | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | |
| e | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$1,325.49 | (b) Date of Charge 11/12/2024 | 1 ' ' |) Credit Card Issue 24 12/31/2024 | r Paid | | | | |
| | PAYEE | (a) Payee name Cort Furniture Rent | al | (b) Payee address; 8940 Research Blvd Ste C Austin, TX 78758-6036 | | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | tal Expense | (b) Descri Furniture | for office holder | | | | | |
| L | Non-Political | · · · · · · · · · · · · · · · · · · · | of Texas. Complete Schedule T. | 0.00116.64 | X Check if Austin, TX, | | ense | | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| ı | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Food/Bever Gift/Awards Committee Legal Servi | rage Expense /Memorials Expense ces | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Transportation Equipment & Related Expense Travel Out of District OTHER (enter a category not listed above) | |
|--|---|---|---|---|--|
| | The Insti | uction Guide explains h | now to complete this form. | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 10/10 Rpt: 34/35 | Craddick, Tom (The | e Honorable) | | 00020051 | |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD | \$ | |
| 6 PAYMENT | (a) Amount Charged \$360.85 | (b) Date of Charge 11/14/2024 | (c) Date(s) Credit Card Iss 10/31/2024 12/31/202 | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | |
| | The Boulevard At T | own Lake | 2600 Lake Austin Blvd | | |
| 8 PURPOSE OF | (a) Category | | Austin, TX 78703-4427 (b) Description | | |
| EXPENDITURE X Political | (See Categories listed at the top | (b) Description See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. X Check if Austin, | TX, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | | office sought | Office held | |
| expenditure to benefit C/OH | | | | | |
| | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | | xpense Vages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed | above) |
|---|---|------------------------|---|-----------|--------------------------------|--|------------------|
| 1 | Total pages Schedule G: Sch: 1/1 Rpt: 35/35 | 2 FILER NA Craddick | ME c, Tom (The Honorable) | | | 3 Filer ID (Ethics Commiss 00020051 | ion Filers) |
| 4 | Date | 5 Payee na | me | | | | |
| | 11/22/2024 | AT&T M | | | | | |
| 6 | Amount (\$) | 7 Payee ad | dress; City; State | e; Zip Co | ode | | |
| | \$81.93 | PO Box | 650574 | | | | |
| | Reimbursement from political contributions intended | Dallas, T | X 75265-0574 | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top of this so | hedule) | (b) Description | Check if travel outside of Texas. Comp | lete Schedule T. |
| | OF EXPENDITURE | Telecom | munications | | | Check if Austin, TX, officeholder living e | expense |
| | | | | | Telephone service | ce | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Off | iceholder name | | Office sought | Office held | |
| | Date | Payee na | me | | | | |
| | 12/23/2024 | AT&T M | obility | | | | |
| | Amount (\$) | Payee ad | dress; City; State | e; Zip Co | ode | | |
| | \$81.93 | PO Box | 650574 | | | | |
| | X Reimbursement from political contributions intended | Dallas, T | X 75265-0574 | | | | |
| | PURPOSE | Category | (See Categories listed at the top of this so | hedule) | Description | Check if travel outside of Texas. Comp | |
| | OF EXPENDITURE | Telecom | munications | | L L | Check if Austin, TX, officeholder living e | expense |
| | | | | | Telephone service | ce | |
| | Complete ONLY if direct | Candidata/Off | iceholder name | | Office sought | Office held | |
| | expenditure to benefit C/OH | Candidate/On | icendidei name | | Office Sought | Office field | |
| | | | | | | | |
| | Date | Payee na | | | | | |
| | 10/27/2024 | | x, Thomas R. | | | | |
| | Amount (\$) | Payee ad | • | e; Zip Co | ode | | |
| | \$81.93 | 2 Lakes | Dr | | | | |
| | X Reimbursement from political contributions intended | Midland, | TX 79705-1929 | | | | |
| | PURPOSE OF | Category | (See Categories listed at the top of this so | hedule) | Description | Check if travel outside of Texas. Comp | |
| | EXPENDITURE | Campaig | jn | | L Downsont for Cob | Check if Austin, TX, officeholder living e | expense |
| | | | | | rayment for Sch | edule G expenditures | |
| | Complete ONLY if direct | Candidato/Off | iceholder name | | Office sought | Office held | |
| | expenditure to benefit C/OH | Candidate/On | icerolicer frame | | Office Sought | Office field | |
| | | | | | | | |
| | | | | | | | |