CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NAME Mrs. Luisa M. Image: Mrs.	The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00083731		2 Total pages f	ïiled: 11
OFFICE Mrs. Luisa M. Del Rosal Isais Due Rosal Isais 4 CANDIDATE/ OFFICE-HOLDER MALING ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE 4 CANDIDATE/ OFFICE-HOLDER MALING ADDRESS DODRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI NICKNAME LAST Cox SUFFIX STATE: ZIP CODE 6 CAMPAIGN TREASURER NAME STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 7 CAMPAIGN TREASURER AREA CODE PHONE NUMBER EXTENSION Extension Extension Extension Extension 8 REPORT	3 CANDIDATE /	MS / MRS / MR	FIRST	-	MI	OFFICE	USE ONI Y
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Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2	Forms provided by Te	exas Ethics Commission		thics state ty u	s	Vers	ion V4.1.0 5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 11

13 C / OH NAME	Del Rosal Isais, Luisa	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political ex These expenditures may have been made v officeholders are required to report this info	without the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	IAME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS 'LEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,936.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 45,140.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			penalty of perjury, that the acc ludes all information required to Code.	
		M	rs. Luisa M. Del Rosal Isais	
		Signa	ature of Candidate or Officehold	der
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of off	ice.	
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		/ersion V4.1.0.5dd2ace2

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 11
18 FILER NAME Del Rosal Isais, Luisa M. (Mrs.)	19 Filer ID 00083731	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 6,936.49
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 I TO FILER	RETURNED	\$

			EXPENDITURE CATEGORIE	ES FOR	3OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F nmittee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 1/8 Rpt: 4/11		Del Rosal Isais, Luisa M. (Mrs.)				00083731			
4	Date	5	Payee name							
	08/15/2024		A Better Dallas State Account							
6	Amount (\$)	7	Payee address; City; State;	Zip Code	9					
	\$1,000.00		7030 Wakefield St							
			Dallas, TX 75231							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	lule) (I	Description					
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committ	taa			ide of Texas. Complete Schedule T. , officeholder living expense			
				lee	Support for p					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice sough	nt		Office held			
	Date		Payee name							
	09/11/2024		American Airlines							
	Amount (\$)		Payee address; City; State;	Zip Cod	9					
	\$304.48		4333 Amon Carter Blvd							
			Dallas, TX 76155							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Travel Out of District	_{lule)} (I	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense political event invitation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice sough	nt		Office held			
	Date		Payee name							
	09/20/2024		Bloom Pregnancy Help Center							
	Amount (\$)		Payee address; City; State;	Zip Code	9					
	\$250.00		8610 GREENVILLE AVE							
			200							
			Dallas, TX 75243							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu		Description					
	OF		Contributions/Donations Made By	iule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Committ	tee	Check if Austir Donation to r		, officeholder living expense profit			
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expe Fees Food/Bever Gift/Awards nmittee Legal Servic	age Expense 'Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Transport Travel in I Travel Ou	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
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	Sch: 2/8 Rpt: 5/11		Del Rosal Isais, Luis	a M. (Mrs.)			000837	731		
4	Date	5	Payee name							
	12/09/2024		Catholic Campus Mi	nistrv						
		<u> </u>	·							
6	Amount (\$)	7	Payee address; C	ty; State;	Zip Co	de				
	\$1,030.00		3057 University Blvo	1						
			Dallac TV 75202							
			Dallas, TX 75202							
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donat			Check if travel	outside of Texas	s. Complete Schedule T.		
	EXPENDITORE		Candidate/Officehol		ittee	Check if Austin	i, TX, officeholde	er living expense		
						Donation to e	educational	l and religious nonprofit		
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						1.	0.00			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder	name C	Office sou	iht	Offi	ice held		
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	12/00/2024									
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	\$2,679.28		1341 W Mockingbird	l Ln						
			#1000E							
			Dallas, TX 75247							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description				
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	expenditure to benefit C/OI	Н								
	Date	1	Payoo namo							
			Payee name							
	09/16/2024		DFW Airport							
	Amount (\$)		Payee address; C	ty; State;	Zip Co	de				
	\$4.79		2400 Aviation Dr							
			Dallas, TX 75261							
	PURPOSE	(a)	Category (See Categorie	s listed at the ton of this sch	edule)	(b) Description				
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	Beverage purchse									
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	expenditure to benefit C/OI	Н								
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			FXPF	NDITURE CATEGO		BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Exper Fees Food/Bevera Gift/Awards/ nmittee Legal Servic	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/8 Rpt: 6/11		Del Rosal Isais, Luis	a M. (Mrs.)				00083731			
4	Date	5	Payee name								
	07/31/2024		Freedom Fund USA								
6	Amount (\$)	7	Payee address; Ci	ty; State	; Zip Coo	de					
	\$51.50		2600 E. Southlake E	lvd.							
			Southlake, TX 76092								
8	PURPOSE	(a)	Category (See Categories	s listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Contributions/Donat		ŕ	Check if travel	outsi	ide of Texas. Comp	blete Schedule T.		
	EXPENDITORE		Candidate/Officehole	der/Political Comm	nittee			, officeholder living			
						Donation to F	=ree	edom Fund L	JSA		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder	name C	Office soug	Jht		Office he	ld		
	Date		Payee name								
	12/11/2024		GoDaddy Web Host	ing							
	Amount (\$)		Payee address; Ci	ty; State	; Zip Coo	10					
	.,		-	-	, zip cot						
	\$127.85		14455 N Hayden Ro	Sulle 100							
			Scottsdale, AZ 8526	0							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Fees	s listed at the top of this sch	iedule)		, TX,	ide of Texas. Comp , officeholder living fees			
	Complete ONLY if direct		Candidate/Officeholder	name (Office soug	jht		Office he	ld		
	expenditure to benefit C/OI										
	Date		Payee name								
	07/01/2024		Google LLC								
	Amount (\$)		Payee address; Ci	ty; State	; Zip Coo	10					
	\$46.05		1600 Amphitheatre I		, zip cot						
	\$40.05		1000 Amphilinealle i	aikway							
			Mountainview, CA 9	4043							
	PURPOSE	(a)	Category (See Categories	s listed at the top of this sch	nedule)	(b) Description					
			Fees			Check if travel	outsi	ide of Texas. Comp	blete Schedule T.		
	EXPENDITURE							, officeholder living	expense		
						Google emai	l wo	orkspace			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder I	name (Office soug	yht		Office he	ld		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 7/11	Del Rosal Isais, Luisa M. (Mrs.)	00083731
4	Date	5 Payee name	
	08/01/2024	Google LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.05	1600 Amphitheatre Parkway	
		Mountainview, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel ou	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Google enfait	workspace fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/03/2024	Google LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.05	1600 Amphitheatre Parkway	
		Mountainview, CA 94043	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Workspace montly fees
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/01/2024	Google LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.05	1600 Amphitheatre Parkway	
		Mountainview, CA 94043	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense workspace monthly fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 5/8 Rpt: 8/11	Del Rosal Isais, Luisa M. (Mrs.)	00083731			
4	Date 11/01/2024	Payee name Google LLC				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$46.05	1600 Amphitheatre Parkway Mountainview, CA 94043				
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense workspace monthly fees			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/02/2024	Google LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$46.05	1600 Amphitheatre Parkway Mountainview, CA 94043				
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense workspace monthly fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/16/2024	H Mart				
	Amount (\$) \$2.65	Payee address; City; State; Zip Code 1302 Blalock Rd				
		Houston, TX 77055				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense DURCHASE			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

				EXDENDIT	URE CATEGO			NY 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/8 Rpt: 9/11			lsais, Luisa M	. (Mrs.)					00083731		
4	Date	5	Payee name	2								
-	07/09/2024		Hugos Invi									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode					
	\$123.38			Connor Blvd		,						
	+==0.00		#160	0011101 2114								
				75020								
			Irving, TX									
8	PURPOSE OF				I at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Beve	rage Expense	e					officeholder living	nplete Schedule T.	
								Discussion w				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	e (Office sou	l Ight			Office h	eld	
	Date		Payee name)								
	09/16/2024		Relish Res	taurant								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode					
	\$55.86		2810 West	heimer Rd								
			Houston, T	X 77098								
	PURPOSE	(a)	Category (S	See Categories listed	l at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beve	rage Expense	è						plete Schedule T.	
								Food expense		officeholder living	g expense	
								Food expens	e			
	Complete ONLY if direct		Sandidate/Of	ficeholder name		Office sou	l			Office h	old	
	expenditure to benefit C/OF		canuluate/OI			Jince Sou	igni			Onice in	eiu	
	Date	<u> </u>										
	09/20/2024		Payee name Rosa es R									
				-	01-1-	7:- 0-						
	Amount (\$)		Payee addre		State	; Zip Co	bde					
	\$250.00		PO Box 25	0435								
			Plano, TX	75025								
	PURPOSE OF	(a)			I at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE			ns/Donations							plete Schedule T.	
			Candidate/	Officeholder/I	Political Comm	nittee		Donation to n		officeholder living	g expense	
										JUIL		
L	Complete ON! V if direct	Ļ	Condidate (Of	ficeholder name		Office activ				Office h	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluate/Of	ncenoluer name	; (Office sou	ignt			Unice h	ะเน	

			EXPENDITURE (CATEGOR		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 Exp	ense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 7/8 Rpt: 10/11		Del Rosal Isais, Luisa M. (Mrs	.)				00083731	
4	Date	5	Payee name						
	09/11/2024		Southwest Airlines						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$194.98		2702 Love Field Dr						
			Dallas, TX 75235						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Com	
	_/							, officeholder living	
						Houston trip	101	political ever	II IIIVIIAIIOII
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	office sou	Jht		Office he	ld
	Date		Payee name						
	09/16/2024		Steve Kinard for Texas						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$500.00		P.O. Box 260464						
			Plano, TX 75026						
	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Description	outoi	ide of Texas. Com	alata Sabadula T
	EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politica		ittee			, officeholder living	
						Donation to S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	office sou	Jht		Office he	ld
		-							
	Date		Payee name						
	09/13/2024		Uber						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$41.70		1515 3rd St						
			San Francisco, TX 94158						
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District		,	Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							, officeholder living	
						Transportatio	n f	rom airport t	o the event
	Complete ONLY if direct	L	Candidate/Officeholder name		office sou	iht		Office he	ald
	expenditure to benefit C/OI			0	mee sou	jin		Office He	iu I
-									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	ials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ymen rhead bense pense ages/	t/Reimbursement /Rental Expense Contract Labor		Transportation E Travel in District Travel Out of Di	
					Guide explains	now to co	npiei	e this form.			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/8 Rpt: 11/11		Del Rosal I	sais, Luisa M.	(Mrs.)					00083731	
Δ	Date	5	Payee name								
-											
	09/16/2024		Uber								
6	Amount (\$) \$43.72		Payee addre 1515 3rd S San Franci			; Zip Co	de				
_	DUDDOOD						(1-)				
8	PURPOSE OF	(a)		ee Categories listed	at the top of this sch	edule)	(a) '	Description			
	EXPENDITURE		Travel Out	of District							plete Schedule T.
							ļ			officeholder living	
								Transportatio	on to	o the airport	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld